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ABSTRACT

This report addresses three aspects of the "drug problem" on Pennsylvania's college campuses: (1) education and prevention; (2) diagnosis and treatment; and (3) law enforcement. It describes a wide variety of campus responses to this challenge reflecting the enormous variety of institutions of higher education in the Commonwealth. The purpose of the report is to identify model policies, practices, and procedures aimed at substance use and abuse within a productive public policy environment which enables colleges and universities in concert with communities, families, and other agencies to provide effective educational, intervention, and treatment services. Following a background review, the report presents an assessment of the problem. Among the findings is that 94 percent of the college students in 1989 reported having used alcohol, more than half (51 percent) reported having used marijuana, and some 15 percent reported having tried cocaine. Possible solutions are then explored, including the development of a coordinated primary prevention program. Finally, recommendations and conclusions are presented. Appendices (comprising over half the report) include members of the Presidential Task Force on Substance Use Issues on Pennsylvania College and University Campuses; Recommended Standards: Alcohol and Other Drug Use Misuse, and Dependency; and examples of Pennsylvania Campus Policy Statements. (GLR)

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The following members of the Presidential Task Force on Substance Use Issues on Pennsylvania College and University Campuses participated in the development and writing of the final report, *Drugs on Campus At The Bimillennium,* and endorse its recommendations. The report has also been endorsed by the Executive Committee of the Pennsylvania Association of Colleges and Universities.

DR. ROBERT N. AEBERSOLD
President, Slippery Rock University of Pennsylvania
Slippery Rock, Pennsylvania

DR. HARRY AUSPRICH*
President, Bloomsburg University of Pennsylvania
Bloomsburg, Pennsylvania

DR. ROBERT L. BARTHLOW*
President, Lehigh County Community College
Schnecksville, Pennsylvania

DR. DOROTHY G. BLANEY*
President, Cedar Crest College
Allentown, Pennsylvania

GENE R. BOYLE
Director, Bureau of Program Services
Pennsylvania Department of Health
Harrisburg, Pennsylvania

ROBERT J. BRUCE*
President, Widener University
Chester, Pennsylvania

DR. JOSEPH A. CAPUTO*
President, Millersville University of Pennsylvania
Millersville, Pennsylvania

ROBERT J. CHAPMAN
Drug and Alcohol Program Coordinator
La Salle University
Philadelphia, Pennsylvania

THE HONORABLE NICHOLAS P. COLAFELLA
Pennsylvania State Representative
Monaca, Pennsylvania

SISTER CATARIN P. CONJAR, I.H.M.
Vice President for Student Affairs
Immaculata College
Immaculata, Pennsylvania

DR. RICHARD D. DeCOSMO*
Chairman, Pennsylvania Association of Colleges and Universities
President, Delaware County Community College
Media, Pennsylvania

THE HONORABLE CHAKA FATTAH
Pennsylvania State Senator
Philadelphia, Pennsylvania

DR. PETER H. GARLAND
Acting Commissioner for Postsecondary and Higher Education
Pennsylvania Department of Education
Harrisburg, Pennsylvania

DR. WILLIAM P. GARVEY*
President, Mercyhurst College
Erie, Pennsylvania

DR. JAMES E. GILBERT*
President, East Stroudsburg University of Pennsylvania
East Stroudsburg, Pennsylvania

DONALD J. GILL, M.D.
Pennsylvania Hospital
Philadelphia, Pennsylvania

DR. SHELDON HACKNEY*
President, University of Pennsylvania
Philadelphia, Pennsylvania

COLEEN A. HEIM
Drug & Alcohol Education Specialist
Bureau of Community and Student Services
Pennsylvania Department of Education
Altoona, Pennsylvania

PAUL B. HENRY
Managing Director
Keystone Center
Chester, Pennsylvania

PETER J. LIACOURAS*
President, Temple University
Philadelphia, Pennsylvania

DR. PETER LIKINS
Chairman, Presidential Task Force On Substance Use Issues On Pennsylvania College and University Campuses
President, Lehigh University
Bethlehem, Pennsylvania

DENNIS MARION
Executive Director
The Cumberland-Perry Drug & Alcohol Commission
Carlisle, Pennsylvania

DR. JAMES H. McCORMICK*
Chancellor, Pennsylvania State System of Higher Education
Harrisburg, Pennsylvania

DR. DAVID E. McFARLAND
President, Kutztown University of Pennsylvania
Kutztown, Pennsylvania

DR. CARMEN G. NEUBERGER
Dean of Educational Services and Student Affairs
Dickinson College
Carlisle, Pennsylvania

SISTER MARY REAP, I.H.M.*
President, Marywood College
Scranton, Pennsylvania

KEVIN D. SIDDONS, M.Ed., C.A.C., C.P.S., C.H.E.S
Adolescent Program Coordinator
Allentown Osteopathic Medical Center
Allentown, Pennsylvania

DR. GARY A. SOJKA
President, Bucknell University
Lewisburg, Pennsylvania

DR. DANIEL F. SULLIVAN*
President, Allegheny College
Meadville, Pennsylvania

THE HONORABLE ELINOR Z. TAYLOR
Pennsylvania State Representative
Chester, Pennsylvania

DR. JOAB THOMAS*
President, Pennsylvania State University
University Park, Pennsylvania

ROBERT S. THOMAS, MA
Coordinator of Alcohol and Other Drug Problems
Bucknell University
Lewisburg, Pennsylvania

RICHTER L. VOIGHT
Director of Administrative Services
Pennsylvania Association of Colleges and Universities
Harrisburg, Pennsylvania

GARY B. YOUNG
President, Pennsylvania Association of Colleges and Universities
Harrisburg, Pennsylvania

DR. GUST ZOGAS*
President, Reading Area Community College
Reading, Pennsylvania

***Indicates a Member of the Executive Committee of the Pennsylvania Association of Colleges and Universities**

DRUGS ON CAMPUS AT THE BIMILLENNIUM

The Final Report of the Presidential Task Force On Substance Use Issues On Pennsylvania College and University Campuses

A Special Task Force of the
Pennsylvania Association of Colleges and Universities
in cooperation with the
Pennsylvania Department of Health
January, 1992

Table of Contents

EXECUTIVE SUMMARY 1

I. Introduction 4

II. Background 5

III. Assessing The Problem 7

IV. Exploring Solutions 9

V. Recommendations and Conclusions 21

APPENDICES

A. Presidential Task Force Members and Participants 27

B. Single County Authority Directors *(Pennsylvania)* 31

C. Pennsylvania Regional Network of Colleges and Universities Committed to the Elimination of Alcohol and Other Drug Abuse 35

D. Standards of the American Council on Education and the American College Health Association, Inter-Association Task Force on Alcohol and Other Substance Abuse Issues 41

E. Examples of Pennsylvania Campus Policy Statements 45

F. Examples of Campus Programs 55

G. Wine Institute Code of Advertising Standards and The Century Council's Code of Responsible Marketing and Advertising Practices 65

H. Style Sheet on Alcohol and Other Drug Terminology 71

I. Survey Instruments 73

J. References 75

K. Information Sources 77

EXECUTIVE SUMMARY

The Problem

Drugs on campus are not a new phenomenon, but societal attitudes toward this problem are changing, and we approach the year 2000 with a different set of expectations than we have held previously.

It is often difficult to distinguish between the fluctuations of public opinion and the more fundamental evolutions of public judgment, but it does appear from the 1991 perspective that the standards of American society are evolving secularly toward greater appreciation of human health and healthy lifestyles. The ***Presidential Task Force On Substance Use Issues On Pennsylvania College And University Campuses*** accepts this premise and approaches its responsibilities in the context of this trend toward a healthier society. We reject the notion that there exists a drug crisis to be resolved only in the short term. We seek permanent change in the patterns of use and abuse of drugs on campus.

It is foolish to pretend that campus attitudes can be differentiated from societal attitudes in any fundamental and enduring way, whatever the subject may be. A college campus is an unusually heterogeneous, highly mobile (even transient) community; it cannot be isolated from the swirl of events and the shifting values in its environment. The ***Presidential Task Force*** therefore understands that its role is to encourage our campuses to operate at the forefront of healthy change within the societal context.

Probably the most important development in the continuing struggle to solve "the drug problem" is the growing realization that we must deal with the full spectrum of dangerous, and potentially addictive, mind-altering drugs, including nicotine and alcohol as well as such illicit drugs as marijuana, cocaine, heroin, and the many stimulants and depressants that are self-administered for the sensory experience.

Alcohol is the most widely used "drug of choice" on college campuses today, as it has always been, and we cannot solve the drug problem until we solve the alcohol problem. Alcohol does more damage to college students than any other drug, by a very wide margin. Alcohol is an underlying influence in most acts of vandalism and violence (including rape) on college campuses, and the incipient cause of most traffic fatalities and other fatal accidents for college age youth. Moreover, the disease of alcoholism manifests itself in the early stages for a distressing number of college students, and many others recognize their alcoholism only after graduation. Whatever the statistics for the U.S. population (variously estimated one in ten or one in twenty drinkers become alcoholics), it is reasonable to assume that college populations are not significant exceptions. The toll taken by alcohol on college campuses, both now and in the past, is overwhelming. The challenge is to reduce that toll significantly by the year 2000.

The diminishing use of nicotine on college campuses offers encouragement for those seeking reductions in the use of alcohol and other drugs. There are significant differences, however, that make the reduction of alcohol use a greater challenge. Most people now understand that nicotine is an extremely addictive drug. Alcohol, in contrast, apparently can be used in moderation without addiction by most Americans, so most teenagers can reasonably expect to be spared that affliction. (For certain sub-populations with genetic predispositions to addiction, the odds may shift significantly, but the conclusions of medical research have not yet become definitive.) Addiction quickly becomes the **only** reason why most smokers continue to use tobacco, but more than a hundred million Americans use alcohol merely because they continue to enjoy it. Although more than ten million Americans are now suffering from alcoholism, the undeterred majority will not easily be persuaded to stop using alcohol, and prohibition by law is demonstrably unworkable.

In recognizing alcohol as the most damaging drug on college campuses, the ***Presidential Task Force*** does not wish to obscure the dangers of other mind-altering substances used by college students. Many of these drugs present special challenges because they are illegal, expensive,

and more highly addictive than alcohol. Addicts attract dangerous criminals and may themselves become dealers to support their addiction, thereby spreading the disease and its related problems.

The Solution

In the Final Report of the *Presidential Task Force On Substance Use Issues On Pennsylvania College And University Campuses*, responses to the "drug problem" are broken down into three elements:

- Education and Prevention
- Diagnosis and Treatment
- Law Enforcement

Prior to the passage of Pennsylvania's Act 31 in 1988, Pennsylvania campus officials were concentrating on issues of health and safety of the general student body; the emphasis was on education and prevention of problems relating to alcohol and other drugs. Law enforcement problems relating to illicit drugs were for the most part referred to the local criminal authorities, and enforcement on campus of age limits for the use of alcohol was often given less importance by both local police and campus authorities.

After passage of Act 31, campus officials had to accept new responsibilities in law enforcement. At the same time, stimulated by developments in the larger society, campus communities greatly expanded their efforts to identify students with substance abuse problems, and either to provide treatment on-campus or to refer to off-campus treatment centers. In a related movement, following corporate leadership in America, many colleges and universities began providing new counseling and referral services to employees with substance abuse problems. The result is a very significant increase in campus activity relating to the use and abuse of alcohol and other drugs, stimulated not by a growing problem, but by a growing sensitivity to a continuing problem.

In its Final Report, the ***Presidential Task Force*** describes a wide variety of campus responses to the challenge presented here, reflecting the enormous variety of institutions of higher education in the Commonwealth. It would be a serious mistake for the state to mandate, for example, the same response from a Catholic women's college with 300 students in the suburbs and a coeducational university with 30,000 students in a major city. However, it is reasonable to expect that **every** Pennsylvania college or university make the following commitments:

- To develop on the campus a clear institutional policy relating to the use and abuse of alcohol and other drugs by any member of the campus community and to reaffirm such policies periodically. This policy should be disseminated from the highest levels.
- To provide all students with an effective education concerning the health and safety implications of drug use and the associated legal restrictions. (Such educational programming may be curricular or extra-curricular, and preferably both.)
- To establish procedures designed to measure progress in the campaign for reduction of the use and abuse of alcohol and other drugs on campus.
- To establish effective working relationships with representatives of various off-campus treatment modalities and to implement complementary campus programs for the identification, intervention and treatment of people with substance abuse problems. Campus health insurance programs should be designed to facilitate treatment for addiction.
- To establish and maintain effective working relationships with local law enforcement authorities, with a common understanding of the distribution of enforcement responsibilities.
- To forego sponsorship or advertising for campus events or campus publications advocating use of alcohol or nicotine products. In particular, colleges and universities must not contribute to the commonly projected association of athletics and alcohol.
- To reserve "smoke free" areas on campus (or even to promote a "smoke free campus") in order to diminish health hazards and to accelerate current trends showing

the reduction of dependence on nicotine in the college population.

- To take a leadership position in broader community initiatives related to alcohol and other drugs. Such leadership is most effective when it comes from the highest officers of the college or university.

Many more detailed recommendations for campus initiatives may be found in the body of the report.

The ***Presidential Task Force*** has concentrated its energies on the work that must be done on our campuses, but we are acutely conscious of our limitations as educators addressing problems of the total society. We are eager partners in the societal coalition required to solve these problems, but we cannot do the job alone.

The problems of concern on our campuses cannot be solved unless the alcoholic beverage industries alter their public behavior, either voluntarily or under the constraints of law. As evidenced by the Code of Advertising Standards adopted by the Wine Institute and most effectively practiced in application to wines (See Appendix G), it is possible for an element of the alcoholic beverage industries to voluntarily forego advertising that encourages abuse and illegal use by underage consumers. In sharp contrast, the advertisers of beer and wine coolers exacerbate the problems of illegal alcohol use and abuse by underage drinkers and by college students specifically. The policies and programs of the Century Council (see Appendix G) are also to be commended. Unless industry behavior changes voluntarily, it should be restricted by law.

If we could call upon our representatives in state government for assistance, we would make in response to our charge from the Select Committee of the General Assembly the following requests:

- Face the reality that we live with on our campuses every day: Alcohol does far more damage in America than any other drug.
- Increase state support for prevention and treatment of alcoholism and related research, relying significantly upon increases in taxes on beer (which is undertaxed in Pennsylvania in relation to other states).
- Enact "'Good Samaritan" legislation that will enable college officers to assist members of our communities who are in trouble without being charged with violations of Act 31 or being sued for negligence or wrongful injury.
- Integrate alternative programming for violators for Act 31, requiring drivers' license suspension as incentive for compliance.
- Ban the retail sale of pure grain alcohol.

To our representatives in the federal government, we would note the above and add the following advice:

- Alcoholic beverage advertising should include warnings such as those currently required on alcoholic beverage labels.
- Alcoholic beverage advertising on radio and television should be either regulated for conformity with approved standards adopted by the alcoholic beverage industries or prohibited by law as is currently done for tobacco products.

In offering these recommendations to our colleagues in government, we acknowledge the political impediments to their implementation. Our tasks are not easy either. Somehow we must all find the courage to commit to an act of will, and recognize that the seriousness of the drug problem in America warrants a measure of sacrifice for its solution.

We are making good progress on the Pennsylvania college and university campuses, but we must accelerate the pace if we are to enter the next century at the bimillennium with an enlightened set of attitudes about the dangers inherent in the use of drugs.

I. Introduction

Use and abuse of alcohol and other controlled substances and their deleterious effects on college and university campuses are not new phenomena. Indeed, the negative effects of substance use on society in general have been known for some time. However, growing concerns about use and abuse of alcohol and other drugs are leading society — and colleges and universities as social institutions — to develop comprehensive efforts to address the myriad problems rooted in substance use and abuse.

As agents of society, institutions of higher education find themselves in the difficult role of forging complementary efforts in drug education, treatment and enforcement. Certainly, campus leaders recognize the serious problems — for the individual and society — caused by alcohol and other drug use: damage to person and property, date rape, reduced student achievement, and dysfunctional relationships to name a few. Equally, campus leaders are aware that many — too many — students arrive on the campus with incipient or well-established patterns of alcohol abuse and illegal drug use.

This is not to say that colleges and universities may not unwittingly contribute to problems of substance use. The campuses on which students arrive provide fertile territory in which students (and faculty, administrators and staff) are able to explore their values, attitudes, and behaviors toward substance use. An environment in which the exploration of ideas, values and attitudes is paramount is a valued goal of any college or university. But traditions which may inadvertently support the exploration of alcohol and drug use must be examined — rethought and redirected.

Recent public policy actions have sought to provide direction in the handling of alcohol and drug use problems. Similarly, institutions have taken action — instituted comprehensive policies and developed educational programs — to address problems caused by the use of alcohol and other drugs. Integrating these efforts — the former aimed at enforcement and the latter focusing on education and assessment — has proved challenging to colleges and universities. Helping institutions of higher education and the Commonwealth in general to address this challenge became a specific goal of the ***Presidential Task Force On Substance Use Issues On Pennsylvania College And University Campuses.*** The purpose of this report then is:

- **To identify model policies, practices and procedures aimed at substance use and abuse within a productive public policy environment which enables colleges and universities in concert with communities, families, and other agencies to provide effective educational, intervention and treatment services.**

II. Background

In 1987, the Pennsylvania House of Representatives established the Select Committee to Investigate Alcohol Abuse in Pennsylvania Institutions of Higher Education. The Committee members were appointed by the Speaker of the House of Representatives and charged with the following task:

- **"To investigate the extent of alcohol abuse by Commonwealth college and university students, both on and off campus, including the extent to which underage drinking and the lack of enforcement of both institution drinking rules and the laws of this Commonwealth contribute to the problem."**

The Select Committee conducted public hearings over a six month period from July, 1987 through January, 1988 for the purpose of accumulating knowledge from a broad cross section of public and private agencies. **The Committee arrived at the following conclusions**:

- Many college students exhibit serious drinking problems.
- Colleges have no clear guidelines concerning their liability in alcohol related incidents.
- There is a need and a willingness for colleges to establish cooperative efforts with other agencies aimed at education, intervention and treatment regarding alcohol and other drug related problems.
- Colleges alone are not responsible for the drinking problem on their campuses. The problem must be addressed by communities and families in concert with colleges.

Further, the Select Committee recommended the establishment of a short term task force made up of health, education, and higher education staff representatives to explore policy guidelines and procedures for institutions of higher education and to make recommendations.

In preparing for the establishment of the ***Presidential Task Force***, discussions were held among the various groups identified by the House Select Committee. It was agreed by these organizing groups that other "substances" in addition to alcohol were part of the overall problem on our campuses and should therefore be added to the Presidential Task Force's study.

On April 26, 1989, the Pennsylvania Department of Health, Office of Drug and Alcohol Programs, the Pennsylvania Department of Education, Office of Higher Education, and the Pennsylvania Association of Colleges and Universities sponsored a conference, ***Response to Substance Use Issues In Higher Education: New Laws, Administrative Responses, and Future Directions***. Some 125 college and university presidents, administrators and staff participated in the conference.

Subsequent to the conference, the Pennsylvania Secretary of Health asked the Pennsylvania Association of Colleges and Universities to undertake a study of campus substance abuse as recommended in the Final Report of the Pennsylvania House of Representatives' Select Committee To Investigate Alcohol Abuse In Pennsylvania Institutions of Higher Education. **At the time, the Secretary expressed the following "concerns"**:

- Does a comprehensive substance abuse policy exist in published form on the campus?
- Are the roles of all staff members (police, administrators, residence hall student staff, etc.) clearly defined regarding violations of both University policy and State law?
- Does a comprehensive substance abuse awareness/education program for professional and para-professional staff members exist?
- Do treatment resources exist on or near the campus?
- Is the effectiveness of campus policies systematically monitored?

The Pennsylvania Association of Colleges and Universities and the Department of Health invited representatives of higher education, the Governor's administration, the medical profession, substance abuse counselors, and representatives of the General Assembly to serve on the proposed ***Presidential Task Force***.

The Mission was agreed upon by the members:

Mission Statement

- **To review substance abuse on Pennsylvania's college and university campuses; to recommend new programs or projects to deal effectively with substance use; to recommend appropriate curricular or co-curricular activities in general education areas; to evaluate the need for new degree programs in subject areas dealing with substance abuse.**

III. Assessing The Problem

The ***Presidential Task Force*** began its deliberations in the fall of 1989 to define the nature of the problem in Pennsylvania. **From national studies on substance use and abuse (Reference 8, Appendix J) it was learned that:**

- Alcohol and tobacco continue to be the most frequently used drugs among college students. Virtually all (94%) college students in 1989 reported having used alcohol; 76% reported having used alcohol within the previous month and 42% reported having had five or more drinks in a row within the previous two weeks.
- More than half (51%) of the college students reported having used marijuana; 34% reported use within the previous year and 16% reported use within the previous month.
- Nearly one in seven (15%) college students reported having tried cocaine; 8% reported use within the previous year and 3% within the previous month.
- Some 15% of college students reported having used inhalants; 4% reported use within the previous year.

Pressure to use drugs begins early. Information and experience during elementary school years can shape alcohol and drug use. For many students, patterns of abuse begin in elementary school. The type of drugs used and the amount of drugs used increase in the middle school and junior high years.

Drug use continues to increase as the student advances through high school, but the rate of increase between tenth and twelfth grade is somewhat slower. Students who go on to post-secondary education may carry with them a tradition of substance abuse. College life may do little to reduce the already high rate of alcohol and other drug use. The culture, attitudes and socialization processes often facilitate rather than prevent use of alcohol and other drugs.

Prior to the passage of Pennsylvania's Act 31 in 1988, the emphasis on Pennsylvania campuses was clearly focused on education relating to alcohol and other drugs, with the enforcement of drug and alcohol laws relegated to a distinctly secondary position. The 1988 law effectively mandated that colleges and universities function as law enforcement agencies. In recent years, educators have significantly increased their efforts in prevention, treatment, and law enforcement, incurring significant costs and producing results that are vaguely encouraging.

Attempts to change behavior among college students are beyond the influence and ability of the schools to resolve alone, but Pennsylvania educators have accepted greatly increased responsibility in this domain in the past three to five years.

To understand better the scope of the problem on Pennsylvania's college campuses, the ***Presidential Task Force*** conducted a survey of member institutions with respect to alcohol and other drug use and abuse. This survey was designed to provide the ***Presidential Task Force*** with some basic information about substance abuse issues in Pennsylvania and campus efforts to address the problems of drug and alcohol use. **The survey found that:**

- Alcohol was the drug of choice on our campuses.
- Alcohol abuse and other drug use lead to considerable harm, including damage to property, sexual harassment and assault, and deterioration of learning ability.
- Alcohol use was a focusing element in campus social life.

Institutional Responses

To address these problems caused by the use of alcohol and other drugs, responding presidents identified that:

- A clear institutional policy with regard to the use and abuse of alcohol and other drugs was essential.
- Educational programming about alcohol and other drugs was the most effective method of preventing problems in general.

- Referral and evaluation of students involved in alcohol and other drug related incidents was an effective means for addressing individual alcohol and other drug problems.
- Professionally trained staff, prevention/intervention efforts and treatment programs must be available.

It was found that institutional policies are seldom reinforced by the parents and the community. Further, the surveyed presidents felt that an effective response to the problems of substance abuse on Pennsylvania campuses needs to involve the schools, community, government, media, and families. Colleges' conflicting roles as both enforcer and educator often make it difficult for institutions to address these problems effectively.

Presidential Task Force Observations

The *Presidential Task Force* in its continuing deliberations identified a number of other concerns, including the following:

- Public policies may limit the effectiveness of campus programs designed to educate, intervene and treat individuals who abuse alcohol and other drugs.
- Uncertainty surrounding the jurisdiction of campus rules, policies, and regulations is confusing in relation to the mobility of students, faculty and staff.
- The cost of enhancing existing services can be burdensome, resulting in increased costs passed on to students at a time when pressures to control tuition increases are severe.
- Each college needs to have its own institutional policies, coordinated with the programs and policies of the communities of which it is a part. Within the college community and the community in general, organizations play important roles in the lives of the campus society and need to work cooperatively to reinforce the campus efforts. The support of religious, medical, legal, and civic leaders is an important ingredient that will help the school and its community to deal effectively with the problem. Communities must contribute toward the overall success of campus efforts.

IV. Exploring Solutions

Introduction

The ***Presidential Task Force on Substance Use Issues*** membership includes both professionals working in the field of alcohol and other drugs and those working in higher education. Chapter IV of this report, Exploring Solutions is largely the work of the substance abuse professionals with on-campus and off-campus perspectives, who participated as three committees in a series of workshops and drafted text that was ultimately integrated into this chapter. (See Appendix A)

Most knowledgeable observers recognize that we have a complex "systems problem" here, and that requires a system of coordinated strategies for solution. We understand that several different tasks must be undertaken on campus, as we try first to deal with the education of the general student body in order to prevent or at least minimize the abuse of alcohol and use of illegal drugs, and then deal also with those individuals who nonetheless encounter problems with alcohol and other drugs. These troubled or at-risk students (or adults) must first be identified, and this requires a variety of assessment methods to accommodate the needs of resident and non-resident students. Following identification, an appropriate intervention strategy must be devised, because denial is a normal response. With effective identification and intervention, students can be directed to an appropriate treatment, educational or support option.

For purposes of this report, the ***Presidential Task Force*** adopted a common method of characterizing the foregoing activities. The "Public Health Model" uses the following terms to describe programming strategies of progressive intensity.

- **Primary prevention** is proactive education of a general population to discourage the abuse of alcohol and use of other drugs.
- **Secondary prevention** is proactive identification, assessment and intervention for people with problems relating to alcohol or other drugs.
- **Tertiary prevention** is treatment of those people with problems.

In the text following in this chapter, three separate committees of professionals provide solution descriptions in these three areas: (A) Primary Prevention, (B) Secondary Prevention, and (C) Tertiary Prevention. Before these sections begin, some background material is provided.

Although a Glossary of Terms is provided in Appendix H, it should be noted here that the abbreviation AOD (for Alcohol and Other Drugs) is used in what follows, rather than the older designation D and A (Drugs and Alcohol), for obvious reasons. Unless our conventional vocabulary recognizes alcohol as a drug, we cannot expect our young people to accept this medical reality.

(It should be noted parenthetically that the ***Presidential Task Force*** opted out on that part of its mission requiring evaluation of the need for new degree programs in the AOD field. This subject is not addressed in this report.)

Background

Collegiate life, including both the experience anticipated by the entering freshman and the recollections of the graduate, will undoubtedly involve some consideration of alcohol or other drugs. This has become such a reality in our culture as to be viewed by many as a "rite of passage" from adolescence to early adulthood for those who enter college. Particularly susceptible to the siren's call of alcohol are the incoming freshmen who, raised in a controlled environment and subject to parental scrutiny, arrive on campus eagerly awaiting the degree of freedom college affords.

As a result, student life and student affairs professionals have had to address the issues of alcohol abuse and dependence as factors of "every day life" on our college and university campuses for many years, and before we engaged such professionals the same problems were encountered by faculty.

Most frequently, the collegiate abuse of alcohol and use of other drugs involves consumption to a point of intoxication with a resulting impairment of judgment and physical ability. Generally, this leads to little more than becoming ill and experiencing the after-effects of such consumption often referred to as the "hangover." Yet even single incident abuse can result in devastating experiences for the collegiate consumer, occasionally resulting in death. Much more common are accidents resulting from impaired judgment or physical coordination, sexually transmitted diseases contracted because of unprotected sex when intoxicated, date rape and other forms of sexual violence resulting from intoxicated assailants or an intoxicated victim's impaired judgment and these are only a sample of problems which can be realized by the alcohol or other drug-impaired college student. Suffice it to say that "getting drunk is never smart" regardless of the intoxicating substance.

Most college students drink with some regularity. Various surveys (Reference 2, Appendix J) suggest that 79% to 94% of all college students have used alcohol at least once in their lives and that about 80% of lifetime users drink monthly or more. Typically collegiate drinkers consume up to 4 drinks during the 2 or 3 times per week that they drink. About 40% to 45% of college drinkers will take 5 or more drinks on one occasion per two weeks. Much of this drinking is sufficient to produce intoxication and cause minor problems for students. Between 5% and 10% of collegians drink to intoxication once or twice weekly, and about 25% of students have been intoxicated 25 times or more in their lifetime. While males tend to have more problems from drinking than females — for example, missed classes, hangovers — the average college student who drinks has experienced some mild problems. About 4% to 6% of all college students drink alcohol daily. Daily drinking is more often found for male, senior, or white students, and beer is the beverage of choice.

For drugs other than alcohol, college students tend to be slightly below average in the prevalence of use when compared to nonstudents of college age. Data suggest that about 25% of college students use a substance other than alcohol at least once per month, most often marijuana, cocaine, or stimulants, and experience negative consequences from their use. Many or most students will, within the school year, have hangovers, become nauseous from use, become intoxicated and ride in a car with a drunk driver. Students (20% to 30%) will miss a class due to drinking, and 5% to 15% will cut a class or attend a class while drinking, will be criticized by a peer for intoxicated behavior, will get into fights, and for males, will damage school property, get into legal trouble, or receive a lower grade because of drinking. Alcohol is estimated by college administrators to be a factor in 50% to 70% of cases of property damage on campus, violations of rules, or incidents of violence; in 30% to 45% of cases where a student suffered physical and emotional injury; and in 20% to 30% of cases of student attrition or academic failure.

A report from the National Triangle Research Institute showed that an estimated one hundred billion dollars per year is incurred for lost productivity, accidents, injuries, health care, law enforcement, and criminal justice as a result of alcohol and other drug abuse. Diminished productivity impacts our colleges and universities at all levels, certainly including faculty and other staff.

The purpose of this section of the report is to explore the complexity of AOD problems that occur on campuses and make some recommendations about the kinds of policies, procedures, and programs that can reduce the amount of harmful consequences from AOD use. We will offer a two part model as a way of organizing our perceptions of AOD problems as well as the factors that contribute to these problems.

Alcohol and other drug use does cause problems on college and university campuses. When is AOD use a problem? The answer may sound circular, yet it holds a basic truth. AOD use is a problem when it causes problems. These problems may take many forms. The pattern of harmful consequences on campus A may be very different from campus B. We will start by examining the goals of all campuses: to have a quality campus life that promotes the goals of the institution.

Quality of Campus Life (Academic Learning; Safety; Social Interaction; Student Development; Cost Effectiveness)

The goal of most colleges and universities is to have a campus environment that fosters learning, is safe, promotes social interaction and student development and is cost effective. AOD use can have deleterious effects upon the campus environment. How do we know this? There are several areas that we can examine that will support this understanding. We will examine the health, economic, social and educational consequences of alcohol abuse. Alcohol is the number one drug of choice of our culture. This is not meant to downplay the "other drugs" of AOD. It is simply our decision to focus on the most prevalent drug.

We will explore the consequences of alcohol use on the health of the student body, the accomplishments of education goals, campus economics, and campus society. We recognize that these issues are interactive in nature. For example, in a situation when an individual's alcohol use leads to drunken and violent behavior (social issue - assault/crime) there is often a victim (health issue - injury).

Dr. Lewis D. Eigen, in his White Paper for the Office of Substance Abuse Prevention - Alcohol Practices, Policies, and Potentials of American Colleges and Universities (See Appendix J), reports about the health consequences of alcohol abuse. "The most serious health consequence of alcohol abuse is death. And it occurs all too often. The most immediate death threat to the college student is an alcohol-related automobile crash. Nationally, in our total population, we have over 20,000 of these tragedies per year. Of the 20,000 deaths that will likely occur in this year as a result of alcohol-related automobile crashes, college students will unfortunately be over-represented in involvement." (Eigen, 1991, pp. 11) Some of the evidence for this conclusion is found in the 1990 National Survey Results From High School, College, and Young Adults Populations (Johnston, 1991).

In the month prior to the survey, 74.5% of the postsecondary population drank some amount of alcohol while only 71% of the non-student population drank. Forty-one percent of the postsecondary student population engaged in a bout of heavy drinking (five or more drinks in a row) during the two weeks prior to the survey while only 34% of the non-student population did. The survey also tells us that 4% of the college students sampled drank every day for the month prior to the survey. Eigen, in his review of the literature, reports anywhere from 53% to 84% of students getting drunk at least once a year and 26% to 48% getting drunk once a month. (Eigen, 1991, pp. 8) He also reports that in an Iowa study a 40% annual prevalence rate of driving after drinking and a similar rate of knowingly driving with a driver who had had too much to drink. "And driving while intoxicated is by no means the only dangerous driving practice related to alcohol. Most individuals, having consumed even a drink or two, may not be legally or practically drunk, but will likely have an impaired driving capability - slower reaction time, impaired perception, and poorer judgment. Another, but related, area of concern is pedestrian death or injury that may be alcohol related." (Ibid, pp. 11)

Educational consequences were examined in the 1988 study conducted by Dr. David S. Anderson and Dr. Angelo F. Gadaleto (see Appendix J). They surveyed college administrators and found that these officials believe that alcohol abuse is a factor in 34% of all academic problems and 25% of the dropouts.

There are also economic consequences of alcohol use for college and university students. Dr. Eigen reports that on a representative campus an average student will spend about $446 annually for alcohol. For most campuses the total sum expended by the student body will exceed the operating cost for running their library. (Eigen, 1991, pp. 9) This only examines the cost of the use of alcohol. The cost of intoxicated behavior is also examined. "There was an alcohol-related theft of $17,000 worth of laboratory equipment at the chemistry lab of the University of Florida. At Brown University, some intoxicated students broke most of the windows on the first floor of a classroom building. A fraternity member under the influence of alcohol set fire to the Lambda Chi Alpha fraternity house on the campus of Bucknell University, causing $400,000 worth of damage."

In his review of the literature, Dr. Eigen found one study that reported 20% of the interviewed male college students (including non-drinkers) admitted to committing acts of vandalism while under the influence of alcohol. (Ibid, pp. 10) An article in the July 21, 1982, ***Chronicle of Higher Education*** estimated that 80% of all campus vandalism was alcohol related while the 1988 national survey by Drs. Anderson and Gadaleto estimated over 60%.

The ***Presidential Task Force*** recognizes the role of alcohol and other drugs in the commitment of violent acts. Dr. Eigen cites a September 23, 1990, ***New York Times*** article: "According to a 1987 study, there were 285,000 serious crimes committed on America's university campuses, including 31 murders; 600 reported rapes; 13,000 assaults; and over 23,000 robberies and burglaries. In addition, there were tens of thousands of incidents of brawling, fighting, rapes, vandalism, and other acts of violence that were never reported or treated as crimes. **There is too much violence on our campuses.** Now, not all of these acts of violence were committed by students; nor was every victim a student. But students were involved either as perpetrators, as victims, or both in the vast majority of cases." (Ibid, pp. 16-17).

Another aspect of alcohol-related violence is victimization. Through the impairment of judgment, students put themselves into high-risk situations. These situations include rape and sexual assault, other assaults, and robbery.

We can classify the kinds of AOD use problems (health issues): Alcohol Abuse, Alcoholism, Drug Abuse, Drug Addiction, and Chemical Dependency. Other related health issues include the above mentioned victimizations and other AOD related morbidity and mortality. AOD problems can be confused with forms of mental illness or may occur concurrently with them. Other diagnostic categories include Co-dependency and Adult Children of Alcoholics.

In the model we are building, we recognize that all these issues (health, educational, social, and economic) interact with each other and affect the quality of campus life. An example would be a campus where alcohol related sexual assaults and rapes create an erosion in the sense of safety experienced by the student body and perceived by their parents, finally impacting enrollment adversely.

Let us now examine some of the factors that influence the health, educational, social and economic factors of a campus. We find that there are individual behaviors (behavioral factors) that contribute to the AOD harmful consequences as well as non-behavioral factors. The behavioral factors include AOD using behavior, leisure/recreational skills and social skills. The non-behavioral factors can include individual genetics, cultural/social norms, organizational norms, policy and procedures regarding AOD use and consequences, availability of AOD, marketing of AOD and family dynamics and norms.

One model shows that these factors are very interactive. Individual drinking behavior (behavioral factor) can lead to alcohol abuse (health factor) and lead to property damage (non-health factor - social/crime). The absence of policy and procedure that would require a legal response to underage and/or abusive drinking (non-behavioral factor - organizational norm about AOD use) will influence the individual's alcohol using behavior (behavioral factor) and also influence health and non-health factors. These influence the quality of campus life, which in turn influences the behavioral and non-behavioral factors.

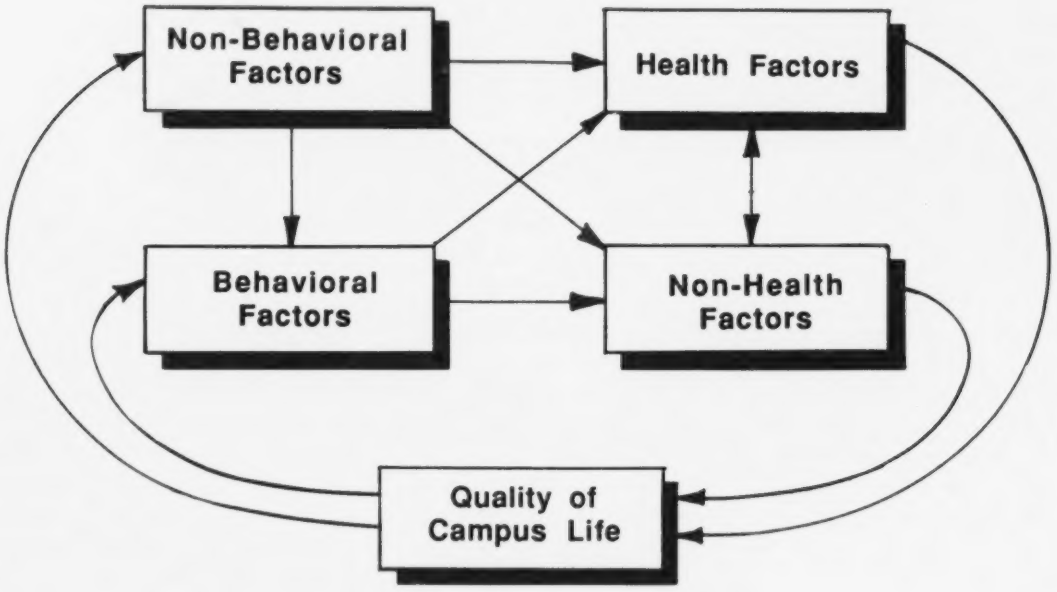


Figure 1

For this model to be useful, we have to be able to narrow our focus to the factors that we can influence on our individual campuses. We can then monitor our health and non-health factors (health services utilization, injury reports, disciplinary reports, crime statistics, etc.) as well as our quality of campus life indicators. To accomplish this narrowing of focus we must define the specific problem on our campus that we wish to change. Then we determine the drug(s) involved, the individual factors (usually behavioral factors), and the environmental (non-behavioral) factors involved. Let us explore an example.

The problem is there are high levels of vandalism late Friday and Saturday nights. The drug in this case is alcohol. The individual factors may be the students' learned patterns of alcohol use, their level of social skills, their level of leisure time skills, and the degree that they are influenced by peer alcohol use. The environmental factors may include the cultural and social norms of the groups that these students owe allegiance to, the availability of alcohol to underage drinkers, the amount of alcohol available to any drinker, the identity of the supplier of the alcohol, the kinds of administrative policies and procedures regarding underage drinking and abusive drinking, and the cultural (student) norms regarding the level of social approval for intoxicated behavior. Our task would then be to choose the factors that we can most influence, plan the means to make the changes and implement our strategies. Let us explore another example.

The problem remains the same: there are high levels of vandalism late Friday and Saturday nights. This time we find that members of a particular group, a fraternity for example, show up repeatedly in these incidents. That group may be identified as "the individual" in our model. The individual factors would then represent qualities of this group: pattern of alcohol use, availability of alcohol and amounts consumed, etc. The environmental factors would include how this group relates to other groups on that campus, its level of prestige and status, and how the administration relates to it. This gives us a slightly different set of factors to choose from and modifies the types of responses we might have in return.

A. A Coordinated Primary Prevention Program: Part of the Solution

Introduction

The impact of alcohol and other drug misuse and abuse within the collegiate community is staggering. Institutions of higher education now recognize that the impairment of judgment resulting from substance use is the common denominator of a whole host of problems that threaten the mission and the quality of life on most campuses. Certainly, different institutions will require different responses to their individual problems; however, a comprehensive prevention model is proposed to clearly communicate the risks associated with substance use.

The Coordinated Primary Prevention Program (CPPP) has been developed to serve as a useful tool for combating alcohol and other drug problems on campuses across the state. Primary prevention is a proactive effort to promote the personal health and welfare of all individuals within the campus community. Students, staff, and faculty will be encouraged and challenged to eliminate their risk of alcohol and other drug problems. Specific recommendations will follow the discussion of the CPPP model.

The Model (See Figure 2)

The CPPP model proposes a central theme for all primary prevention activities and suggests that ***all*** departments within the institution adopt the theme. Evidence suggests that all problems resulting from substance use and abuse affect all aspects of campus life and therefore, it is necessary for all aspects of campus life to echo a single theme.

"Being out of control is never smart" is a suggested theme that is at the heart of this model. This core message is proposed to drive all primary prevention activities in all aspects of campus life. In addition, it is proposed that a central theme be employed across the state in each institution of higher education. A statewide theme promises to communicate that "being out of control is never smart" anywhere and that a united effort is valuable and powerful.

Radiating from the heart of the model are the "spokes" which denote various aspects of the collegiate experience. Each represents an activity or condition of the collegiate experience that exists for meeting the agendas of academic, social and community building within the institution. Substance misuse and abuse threatens these agendas and the adoption of the central theme in each of these areas promises to be an effective tool for primary prevention.

By no means is the graphic intended to be all inclusive of important collegiate experiences. Rather, it attempts to demonstrate how all aspects of campus life are capable of reflecting the core theme.

To this end, the circumference or "rim" of this model represents individual positions or "job categories" responsible for coordinating these aspects of collegiate life and managing their growth and development. The arrows represent the constant movement and activity within the institution that is required to effectively implement the CPPP model. The orientation of the "job categories" to the spokes is completely random within Figure 2. An essential assumption of this model is that all "job categories" have the potential to positively influence the primary prevention efforts in all aspects of campus life. Specific responsibilities for each job category will vary from institution to institution.

For example, curriculum is one "spoke" capable of advancing the core theme. The institution's curriculum might include an alcohol and other drug course as a requirement of graduation, or relevant material might be included in another required course. Additionally, one credit seminars, continuing education programs, field placements, internships and co-op experiences are all excellent vehicles for advancing the core theme. As a result, the curriculum review committee, individual faculty, academic deans and specialized professional staff can assist in this aspect of implementing a primary prevention agenda.

Coordinated Primary Prevention Program

Figure 2

Another example: policy development is a key aspect of managing a campus. Policy decisions regarding such issues as the presence of alcohol on campus for consumption, the advertising of alcohol at related events, or the use of alcohol during alumni or fund raising events are but examples of decisions which afford an opportunity to forward the CPPP model. Such decisions are made by campus administrators, professional staff and student representatives who, with training around the core primary prevention message, can incorporate this concept into the realm of campus public policy.

Recommendations

The need for the involvement of the entire collegiate community in all primary prevention activities has been emphasized in the CPPP model. The purpose of the comprehensive approach is to employ the model as a tool that is capable of chipping away at the alcohol and other drug problems that plague the collegiate community.

Specifically, colleges and universities in the state of Pennsylvania are asked to consider the use of the CPPP model in order to act upon the following two recommendations:

First, institutions of higher education must provide leadership for the incorporation of new attitudes regarding alcohol and other drugs. It is essential that the entire collegiate community begins to comprehend that substance misuse and abuse is non-valued behavior. From new student orientation through graduation, expectations should be clarified. In addition, a reward system must be established to support and promote programming that helps meet academic, social, and community building agendas without substance misuse and abuse.

The incorporation of new attitudes will require careful evaluation of all verbal, non-verbal and written communication within the institution. Expectations and standards of conduct for all members of the community must be established, a commitment to programming must exist, internal and external resources must be identified and finally, but most importantly, top-down management must guarantee that necessary funding is available and that primary prevention is an institutional priority.

Second, it is recommended that public policy issues be addressed within each institution in the state. It is clearly desirable that each college and university employ a full-time, professionally qualified prevention specialist, and essential that such a person be quite readily available to students on any campus where this condition cannot be met. In addition, it is imperative that the institution's judicial system responds consistently to violations of substance abuse policies.

The employment of a full-time prevention specialist on the campus will guarantee that up-to-date research, legislation, and resources are readily available in the form of an internal consultant. This individual would be available to advise the community at large on all aspects of alcohol and other drug related issues. For example, this specialist could assist in the development of campus and community policy regarding alcohol advertising on campus, and the acceptance of "wet" money from the beverage industry.

A judicial response policy for students, staff and faculty must be established and enforced consistently and uniformly. Disciplinary action should include opportunities for education and personal insight.

The recommendations for the incorporation of new attitudes and the development of campus and community policy regarding alcohol and other drug use are achievable with the CPPP model. These recommendations require sensitivity to change but suggest that change is absolutely necessary if higher education expects to be effective in its commitment to primary prevention. Input and feedback from students, staff and faculty will be a key ingredient in the success of this program.

In our preoccupation with alcohol and illicit drugs, we should not lose sight of the opportunity to accelerate current trends showing reduction of dependence on nicotine in the college population. Every campus should reserve "smoke free" areas, and "smoke free campuses" may be feasible.

For specific examples of activities or suggestions for implementing these recommendations, see Appendices E and F.

Conclusion

No one would disagree that problems result-

ing from substance use and abuse are negatively impacting the collegiate community. The consequences of single incident abuse through full blown addiction are frequently documented and are undeniable realities in higher education.

A Coordinated Primary Prevention Program (CPPP) has been proposed. The model promotes a suggested theme to be used on all campuses across the state. The suggested theme - "being out of control is never smart" -would be employed throughout the state in every aspect of campus life.

The model would then serve as a tool for the implementation of two specific recommendations. First, institutions of higher education must provide leadership for the incorporation of new attitudes regarding alcohol and other drugs. Secondly, campus and community policy issues must be addressed on all campuses. The use of a central theme would provide a clear, repetitive message by which all primary prevention programming related to these recommendations could be measured.

Primary prevention is proactive. A fundamental assumption of the CPPP model is that by its implementation, individuals could gain education and insight that may spare them the pain which often accompanies the misuse and abuse of substances and that the collegiate community can effect a positive change within its own culture. The problems associated with substance use are complex and daunting, but a Coordinated Primary Prevention Program proposes a model and recommendations that promote necessary change in the collegiate community.

B. Secondary Prevention As An Aspect of the Solution

Introduction

What follows are our problem definitions and recommendations with respect to secondary prevention (assessment and intervention). Secondary prevention is appropriate when, despite the presence of symptoms of alcohol or other drug related problems, clients do not believe that they have a problem and/or are not motivated to change. They are probably not asking for help to change. The goal of intervention is to determine the nature of the client situation/problem and to provide experiences that may help the client to become motivated. Through these efforts, the client is assisted before experiencing some of the more harmful consequences of alcohol and other drug (AOD) use. With successful secondary prevention (intervention) efforts, the campus community will also experience fewer harmful consequences from AOD use.

Here then are some of the factors that affect a campus' ability to effectively provide secondary prevention services. These are all environmental factors.

- Social and Organizational Norms that endorse and support the illegal use and abuse of alcohol and other drugs.
- Inadequate or absent organizational policies and procedures regarding AOD use and the consequences of AOD illegal use and abuse.
- Individuals who could identify and refer students or employees with AOD problems are not trained, inadequately trained, or not encouraged to identify and refer. Student/Employee Assistance Programs are lacking.
- Many campuses do not have: individuals trained in AOD pre-assessment; an AOD professional to perform an AOD assessment; or an arrangement with a community AOD program to perform assessments.
- Many campuses lack coordinated data gathering procedures to ascertain the degree of the AOD problem and the kind of AOD problem present.

Recommendations

Here are our recommendations for developing a robust secondary prevention program on a college or university campus.

- Identify a baseline set of behavioral standards for employee/student behavior. Determine the behavioral standards that will be expected from employees or students within the various areas of the campus. These should be developed through community wide task forces which have members that represent all the groups that make up the campus community. The standards would include: employee behavioral standards, student residential/social standards,

student academic standards, student athletic standards, and social organization standards. The last set are standards for Social Organizations like clubs and Greek chapters. The standards would outline the organization's compliance to federal, state and local laws (i.e. measures to prevent underage drinking) and hosting responsibilities.

- Develop a series of graded responses to students/employees violating behavioral standards. These responses include both disciplinary and education/therapeutic components. There would be specific responses for the repeat offender and for the cooperative versus the non-cooperative individual. The purpose of these procedural guidelines is to communicate that inappropriate, unhealthy, or illegal AOD use will be responded to and that the response is a helping response. If the individual refuses to seek or accept help then there will be consequences for not meeting the behavioral standards. These consequences may include dismissal.
- Assure that assessment is included as part of the response to an infraction. Who assesses and what form of assessment (whether some instrument or some form of structured interview is to be used) needs to be determined. The purpose of the assessment is to begin determining what kind of problem the individuals have been experiencing, their motivation for changing this problem and their resources and abilities to make the change(s). Pre-assessment is a limited form of assessment that is performed by someone trained and supervised by an AOD professional. Assessment requires a Certified Addiction Counselor professional.
- Respond to infractions in a timely manner.
- Train referrers in intervention strategies and techniques. The training would cover information about alcohol and other drugs, problem identification and referral techniques. One aspect of referral techniques would be skill in motivational counseling. Training style must match the group. Follow up the initial training with additional training and/or process analysis (How are things working?). Use peer educators when possible (faculty training faculty; students training students; resident advisors training resident advisors). Explore values about substance use/chemical health. These values can affect the identification and referral process. Provide training about the 'Intervention Event'. This is the clinical technique of gently confronting the individual with the AOD problem. Those that will be carrying out these events need training in rapport skills and confrontational skills (vs. attacking the client).
- Design effective program evaluation components. Ongoing program evaluation for program effectiveness, appropriateness, and efficiency are necessary.
- Design effective data collection methods. Data collection is needed to determine the degree of impact of substance use on Safety, Academic Learning, etc.

C. Tertiary Prevention of Alcohol and Other Drug Abuse

Introduction

Alcohol is consumed by a majority of the student population and by various percentages of the other collegiate faculty, administrative, and support staff units. We looked at information that was printed in "The Health Advocate," Special Edition, 1989, ***Substance Abuse Prevention on Campus: The Rutgers Model.*** This information provided us with valuable insights that we share with you in this report.

Mission Statement

Tertiary prevention of alcohol and other drug abuse is a proactive effort to provide treatment opportunities to individuals so that they can return to a healthy lifestyle and to help them maintain that healthy lifestyle through aftercare programming. Given that alcohol and other drug use is often the norm at the college and university level, there is a need to emphasize that providing treatment options for substance abusing students and staff is both ethically responsible and cost effective and should be a focus of institutions of higher learning in the Commonwealth.

Tertiary Prevention Issues

1. The institutional denial of AOD problems in the campus community is of primary concern.
2. There are low levels of institutional awareness of what constitutes an AOD problem.
3. Early recognition of the AOD problem is sometimes not accomplished because of the prevailing attitudes of the public and campus personnel that certain amounts of alcohol abuse will be tolerated. Some key events that would assist in a timely referral for assessment/treatment are not reported.
4. Colleges and universities are being required to do so many different things that financial resources are sometimes not available to initiate new programs.
5. There is, at times, a lack of communication among faculty, administration, other staff, students and the local community on issues concerning AOD-related behavior which undermines comprehensive efforts to prevent alcohol and other drug related problems.
6. There is a need to involve the family members and other positive role models in treatment so that the probability of a successful outcome is enhanced. Currently many colleges and universities appear to be taking different approaches to this issue.
7. Colleges and universities are enrolling students and other staff members who come from a variety of backgrounds and cultures. AOD use may have been tolerated in some of these environments. Use and/or abuse may continue on campus if a consistent nonuse/pro-health message (for those in recovery and/or under 21) is absent.
8. There is often no direct access to information about self-help groups like AA (Alcoholics Anonymous) on campus. People seeking assistance for an AOD problem sometimes feel extreme shame and guilt and will avoid contact with people who would assist them.
9. College students feel that they are young, vigorous, and indestructible. This age group is a very difficult population to treat for AOD problems.
10. We live in a society that continues to promote unhealthy messages to its members through advertising. Alcohol advertising is targeted to attract and hold new consumers. Members of the college community are prime targets of AOD producers.
11. Inpatient treatment for AOD problems is rapidly becoming cost prohibitive for those individuals who do not have health insurance.

Recommendations

1. Every institution should establish an interdisciplinary group (preferably based on the student assistance program model). This group would be responsible for recommending, developing, implementing, and evaluating a comprehensive alcohol and other drug program which would include intervention, referral, and follow-up.
2. Every institution should have a drug and alcohol professional available **on campus** who would serve on this interdisciplinary group and act as an advisor to the president on alcohol and other drug issues.
3. In order to facilitate transition from secondary school to college, to enable opti-

mal opportunity for student success, and to ensure continuity of care and relapse prevention, all secondary school SAP and industry EAP administrators should receive encouragement and appropriate training in how to make referrals to college and university alcohol and other drug programs for admitted students who have given consent for release of this information.

4. To ensure continuity of care, the post-admissions medical history form could include information regarding prior alcohol and other drug abuse, psychological, and psychiatric treatment. (These forms will explicitly state that all information is completely confidential and will only be seen by campus medical professionals. A signed consent form for release of information to anyone else is required.)
5. The tertiary prevention effort optimally will be supported by ensuring the inclusion of alcohol and other drug educational modules as part of the existing core curricula of each college and university.
6. In order to facilitate the identification of problems, referral and maintenance of treatment, the alcohol and other drug professional and/or core team should establish close working relationships with judicial-related programs in residential life, judicial boards, university disciplinary councils, and local county probation and alcohol/other drug programs. If a referral to an off-campus inpatient treatment facility is recommended, the individual should be medically withdrawn from classes. Prior to readmission the individual should provide the medical director and the alcohol and other drug program coordinator with a copy of the treatment program's discharge summary and schedule a personal interview with appropriate campus personnel. The coordinator will provide the assistance necessary for the individual to follow all treatment and readmission guidelines. Alcoholics Anonymous and other self-help group meetings should be available for students and staff. Ideally, these meetings should be held on campus. Off-campus groups within convenient walking distance would be an alternative for students and staff concerned about maintaining their anonymity.
7. To provide the "safest" possible learning and living environment, substance-free housing alternatives (wellness wings) for recovering, high-risk, and other interested students should be available at all colleges and universities (see Appendix F for various models).
8. Regional inpatient and outpatient programs specializing in the treatment of college students should be identified. If there are no existing programs, the Office of Drug and Alcohol Programs (ODAP) and the Pennsylvania Association of Colleges and Universities (PACU) should work together to develop a program similar to models shown in Appendix F.
9. ODAP and PACU should jointly sponsor periodic regional meetings and an annual conference for college and university drug and alcohol professionals.
10. All colleges and universities should take a strong position against brewery company advertising and/or sponsorship of events on campus, as this directly impacts on a safe learning environment.
11. Inexpensive health insurance which will cover standard alcohol and other drug treatment should be provided and required of each student.

V. Recommendations and Conclusions

Colleges and Universities: Presidents

It is recommended that:

- Institutions of higher education provide leadership in communicating new attitudes regarding the misuse of alcohol and the use of illegal drugs and seek the involvement of the entire collegiate community in clarifying expectations, promoting education and providing the necessary funding to establish standards of conduct and to prevent the on-set of abuse.
- College presidents call upon the campus community for the purpose of determining the behavioral standards to which all employees and students will be bound. These standards should encompass all activities and organizations that are a part of campus life. It is an institution's urgent responsibility to provide a top-down mandate to place this into motion.
- Each institution establish an interdisciplinary group that would be responsible for recommending, developing, implementing and evaluating a comprehensive alcohol and other drug program which would include intervention, referral and follow-up services.
- All colleges and universities take a strong position against the advertising of alcoholic beverages and decline brewer sponsorship of sporting events on campus as this directly promotes use and indirectly fosters the belief that alcohol and sports are naturally related.

Colleges and Universities: Academic Affairs

It is recommended that:

- Alcohol and other drug educational modules be incorporated in existing courses preferably as part of existing core curricula, and research projects relating to chemical substance use and abuse be encouraged.

Colleges and Universities: Financial Affairs

It is recommended that:

- Inexpensive health insurance which will cover standard alcohol and other drug treatment be made available to all students and employees.
- Employees who violate community standards and refuse help find themselves obliged to deal with the consequences, which may include dismissal from employment.

Colleges and Universities: Student Affairs

It is recommended that:

- Student Affairs professionals respond to inappropriate, unhealthy or illegal alcohol and other drug use in a timely, consistent and helping manner in accord with established policies and procedures. Those students who refuse help must deal with the consequences, which may include dismissal from the college.
- Once an alcohol or other drug abuse problem has been identified, the individual be referred to a qualified professional proficient in alcohol and other drug diagnosis for assessment. The purpose of the assessment is to screen for an alcohol or other drug problem, motivate the individual to change, and provide resources to make the necessary change(s).
- In order to respond appropriately to problems relating to alcohol and other drug abuse, all support-staff such as peer educators and residence life staff be trained in identifying warning signs and in intervention strategies.
- Alcohol and tobacco-free housing alternatives ("wellness wings") be provided for students interested in such.

Colleges and Universities: Alcohol and Other Drug Counselors

It is recommended that:

- Each college or university make it a specific responsibility that a qualified professional with demonstrated experience in alcohol and other drug programming be appointed to be accountable for ongoing prevention, intervention and treatment services.
- Ongoing working relationships with those groups both on and off campus which deal specifically with identifying and referring individuals for treatment for alcohol and drug related problems be maintained.
- Students and staff be made aware of the availability of "twelve step programs" such as Alcoholics Anonymous held both on and off campus.
- Regional inpatient and outpatient programs specializing in the treatment of college students be identified.

Colleges and Universities: Health Center

It is recommended that:

- Health center staff communicate and make available health related care for recovering individuals who identify themselves or are referenced.

Colleges and Universities: Institutional Research

It is recommended that:

- Each college or university design effective alcohol and other drug program evaluation components. On-going program evaluations of effectiveness, appropriateness, and efficiency are necessary to plan program improvements.
- Each college or university design effective data collection methods. (cf. example in Appendix F) Data collection is needed to determine the degree of impact of substance use on safety and academic learning.

Colleges and Universities: Admissions Office and Personnel Office

It is recommended that:

- Colleges and universities make known the variety of specialized services available to incoming students and new employees so that referrals can be made.
- Admissions staff undergo training regarding alcohol and other drug issues in order to avoid inadvertently glorifying alcohol use or its role in campus social life.

Colleges and Universities: Health and Social Services

It is recommended that:

- Statistics and other significant data be provided so that the public can grow in awareness of the physical and psychological risks of alcohol and other drug abuse.
- The community be informed of the resources available for alcohol and other drug abuse prevention, intervention and treatment.

ODAP and PACU

It is recommended that:

- These organizations sponsor periodic regional meetings and an annual conference for college and university alcohol and other drug professionals so that they may continue to improve their services.
- ODAP and PACU work together to develop program options similar to the Rutgers University model which provides in a comprehensive way primary, secondary and tertiary care. (cf. Appendix F)

State Government: The Governor, The Administration and Select Departments, Other Governmental Bodies and The General Assembly

It is recommended that:

- The governor and other government bodies take the initiative in advancing new

attitudes regarding alcohol and other drugs. The implementation of policies should be gradual. Core institutions will then best determine how they can achieve this change for their constituencies.

- A ban be placed on the retail sale of pure grain alcohol. There is no legitimate need for the general public to have ready access to grain alcohol, which could be used by college students to "spike the punch."
- "Good Samaritan" legislation be enacted which would include language enabling institutions of higher education to acknowledge their alcohol and other drug problems without fear of litigation due to an omission of responsibility; and that such legislation would further permit institutions to implement programming without fear that such will attract wrongful injury suits.
- Additional actions should be considered by state authorities that would help to resolve alcohol and other drug related problems. **Examples of such actions to be taken might include:**
  1. Tavern Keepers Training. All alcohol licensees be mandated to have servers trained to handle alcohol emergencies, to assess levels of intoxication, and the implications of Act 31 of 1988: Pennsylvania's alcohol oriented law, etc.
  2. Bottle Bill. A required deposit on all glass and aluminum containers with the unclaimed deposit dedicated to postsecondary education alcohol and other drug programming.
  3. Increase in state tax on beer, which is accessible, inexpensive, and undertaxed in Pennsylvania in relation to other states.
  4. Continued regulation of the number of retail stores selling wine and distilled spirits, so as to preclude increases in retail outlet density in the Pennsylvania population.
  5. Dedicated state tax on alcohol. A portion of the existing tax or addition of minimal tax which will be dedicated to alcohol and other drug programming efforts in Pennsylvania.

Federal Government

It is recommended that:

- All alcoholic beverage advertising require warnings as currently required on alcoholic beverage labels.
- All alcoholic beverage labels include ingredients on the label.
- All alcoholic beverage advertising on radio and television be effectively prohibited (as currently for tobacco products) or regulated for conformity with approved standards adopted by the alcoholic beverage industry (comparable to those adopted by the Wine Institute and the Century Council, and generally practiced for wines, but not for beer or wine coolers). We note with appreciation the absence of advertising on radio and television for distilled spirits.
- In the event the preceding recommendation is rejected, we propose that:
  1. A percentage of the air time dedicated to alcoholic beverage advertising be provided for alcohol oriented public service announcements, and also,
  2. A dedicated tax be placed on alcoholic beverage advertising which will be used to produce and air/print alcohol oriented public service announcements.
- A tax be placed on alcoholic beverage sales dedicated to the delivery of primary, secondary and tertiary alcohol prevention programming. This dedicated tax may be either a portion of the existing tax or entirely new.

Additional recommendations of the American College Health Association can be found in the Appendix D.

APPENDICES

Drugs on Campus
at the
Bimillennium

APPENDIX A

Presidential Task Force On Substance Use Issues on Pennsylvania College and University Campuses

Members and Participants

DR. PETER LIKINS, CHAIRMAN
President, Lehigh University
Bethlehem, Pennsylvania

DR. ROBERT N. AEBERSOLD
President, Slippery Rock University of Pennsylvania
Slippery Rock, Pennsylvania

THE HONORABLE ANTHONY B. ANDREZESKI
Pennsylvania State Senator
Erie, Pennsylvania

DAVID BOYER
Research Analyst for the Health & Welfare Committee
Pennsylvania House of Representatives
Harrisburg, Pennsylvania

GENE R. BOYLE
Director, Bureau of Program Services
Pennsylvania Department of Health
Harrisburg, Pennsylvania

ROBERT J. CHAPMAN
Drug and Alcohol Program Coordinator
La Salle University
Philadelphia, Pennsylvania

THE HONORABLE NICHOLAS A. COLAFELLA
Pennsylvania State Representative
Monaca, Pennsylvania

SISTER CATARIN P. CONJAR, I.H.M.
Vice President for Student Affairs
Immaculata College
Immaculata, Pennsylvania

THE HONORABLE CHAKA FATTAH
Pennsylvania State Senator
Philadelphia, Pennsylvania

DAVID W. FLORENCE, M.D.
Vice President of Medical Affairs
Polyclinic Medical Center
Harrisburg, Pennsylvania

DR. JAMES D. GALLAGHER
Campus Executive Officer
Penn State University - Worthington Scranton Campus
Dunmore, Pennsylvania

DR. PETER H. GARLAND
Acting Commissioner for Postsecondary and Higher Education
Pennsylvania Department of Education
Harrisburg, Pennsylvania

DONALD J. GILL, M.D.
Pennsylvania Hospital
Philadelphia, Pennsylvania

THE HONORABLE JAMES A. GOODMAN
Chairman, Pennsylvania Liquor Control Board
Harrisburg, Pennsylvania

COLEEN A. HEIM
Drug & Alcohol Education Specialist
Bureau of Community and Student Services
Pennsylvania Department of Education
Altoona, Pennsylvania

PAUL B. HENRY
Managing Director
Keystone Center
Chester, Pennsylvania

SISTER MARIAN WILLIAM HOBEN, I.H.M.
President, Immaculata College
Immaculata, Pennsylvania

DENNIS MARION
Executive Director
The Cumberland-Perry Drug & Alcohol Commission
Carlisle, Pennsylvania

ROBERT W. McDERMOTT, M.D.
Medical Director
THE EDUCATIONAL & SCIENTIFIC TRUST
Harrisburg, Pennsylvania

DR. DAVID E. McFARLAND
President, Kutztown University of Pennsylvania
Kutztown, Pennsylvania

THE HONORABLE HAROLD F. MOWERY, JR.
Former Member
Pennsylvania House of Representatives
Camp Hill, Pennsylvania

DR. CARMEN G. NEUBERGER
Dean of Educational Services and Student Affairs
Dickinson College
Carlisle, Pennsylvania

DONNA PINKHAM
Press Secretary
Pennsylvania Liquor Control Board
Harrisburg, Pennsylvania

THE HONORABLE JAMES J. RHOADES
Pennsylvania State Senator
Mahanoy City, Pennsylvania

WILLIAM H. RORER III
Former President
Delaware Valley College of Science and Agriculture
Doylestown, Pennsylvania

KEVIN D. SIDDONS, M.Ed., C.A.C., C.P.S., C.H.E.S.
Adolescent Program Coordinator
Allentown Osteopathic Medical Center
Allentown, Pennsylvania

DR. GARY A. SOJKA
President, Bucknell University
Lewisburg, Pennsylvania

THE HONORABLE ELINOR Z. TAYLOR
Pennsylvania State Representative
Chester, Pennsylvania

ROBERT S. THOMAS, MA
Coordinator of Alcohol and Other Drug Programs
Bucknell University
Lewisburg, Pennsylvania

SABRINA TILLMAN
Legislative Assistant to Senator Fattah
Senate of Pennsylvania
Harrisburg, Pennsylvania

DR. WILLIAM E. VINCENT
Former President
Bucks County Community College
Newtown, Pennsylvania

RICHTER L. VOIGHT
Director of Administrative Services
Pennsylvania Association of Colleges and Universities
Harrisburg, Pennsylvania

GARY B. YOUNG
President
Pennsylvania Association of Colleges and Universities
Harrisburg, Pennsylvania

Additional Members of Subcommittees on Primary, Secondary, and Tertiary Intervention and Prevention

HOWARD BAKER
Director, BEACON
Doylestown, Pennsylvania

MICHAEL BARRETT
M.H.M.R. Drug & Alcohol Administrator
Centre County
Bellefonte, Pennsylvania

CARMEN BIANCO
Associate Director of Residence Life
Mansfield University of Pennsylvania
Mansfield, Pennsylvania

DR. ROBERT BURDICK
Associate Professor, Counseling Center
Slippery Rock University of Pennsylvania
Slippery Rock, Pennsylvania

ROBERT J. CHAPMAN
Drug and Alcohol Counselor
La Salle University
Philadelphia, Pennsylvania

NATALIE CROLL
Assistant Director
Office of Health Promotion & Education
Pennsylvania State University
University Park, Pennsylvania

MARK HEMLICK, M.D.
Clinical Psychologist
Franklin and Marshall College
Lancaster, Pennsylvania

DON KLEES
Unit Director of Drug & Alcohol Services
Greater Erie Community Action Committee
Erie, Pennsylvania

KENNETH J. KOPF
Drug and Alcohol Consultant
Susquehanna University
Selinsgrove, Pennsylvania

CONNIE MATTHEWS
Project SUCCESS
Shippensburg University of Pennsylvania
Shippensburg, Pennsylvania

MARK MAXWELL, M.D.
Psychiatrist
Philadelphia, Pennsylvania

KATHLEEN A. McCARTHY
Student Services
Widener University
Chester, Pennsylvania

SHERRY MOONEY
Private Consultant
Marywood College
Scranton, Pennsylvania

DAVID PASTOROK
Adventures in Sobriety
Chalfont, Pennsylvania

GARY A. ROBINSON
Director of Counseling
Keystone Junior College
LaPlume, Pennsylvania

JUNE ROTH, R.N.
Nurse
Lehigh County Community College
Schnecksville, Pennsylvania

DR. ROBERT SCHIRALDI
Temple University Health Service
Temple University
Philadelphia, Pennsylvania

DR. EARL SHIVE
Professor of Health Education
East Stroudsburg University of Pennsylvania
East Stroudsburg, Pennsylvania

MERTICE M. SHANE
Associate Professor
Professional Physical Education
East Stroudsburg University of Pennsylvania
East Stroudsburg, Pennsylvania

ROBERT S. THOMAS, MA
Coordinator of Alcohol and Other Drug
Programs
Bucknell University
Lewisburg, Pennsylvania

DENISE TRAVIS
Director of DAWN Program
Philadelphia College of Textiles and Science
Philadelphia, Pennsylvania

GERALDINE WALL
Counselor
College Misericordia
Dallas, Pennsylvania

DR. LYNN WOODHOUSE
Associate Professor of Health Education
East Stroudsburg University of Pennsylvania
East Stroudsburg, Pennsylvania

APPENDIX B

Pennsylvania Drug and Alcohol Single County Authority Directors

In order to receive state and federal treatment and prevention funding, counties are required to designate SCAs responsible for program planning and the administration of federal and state funded grants and contracts. Some of the Commonwealth's 67 counties have created joinders with other counties for this purpose, resulting in the establishment of 47 SCAs. Three types of administrative structures exist: the executive commission (public), the executive commission (private) and the planning council. These three structures provide counties with flexibility in how they choose to administer programs by allowing for establishment of either a public entity within its local government structure, a private nonprofit body, or an entity under the auspices of the county mental health/mental retardation program. Eighteen SCAs are planning councils, 16 are public executive commissions, and 13 are private executive commissions. Most direct services are provided by independent facilities under contract with the SCAs, although more than one-half (26) of the SCAs provide some direct prevention or treatment services.

Pennsylvania Drug and Alcohol Single County Authority Directors

ALLEGHENY
Charles A. Peters
Allegheny County MH/MR Program
Pittsburgh, Pennsylvania

ARMSTRONG/INDIANA
Charlene M. Givens
Armstrong/Indiana Counties Drug and Alcohol Commission
Shelocta, Pennsylvania

BEAVER
Arlene Bell
Beaver County MH/MR D&A Program
Beaver, Pennsylvania

BEDFORD
Edward Silvetti
Bedford County D&A Program
Bedford, Pennsylvania

BERKS
George Vogel
Berks County Council on Chemical Abuse, Inc.
Reading, Pennsylvania

BLAIR
JoEllen Steinbrunner
Blair County MH/MR D&A Program
Hollidaysburg, Pennsylvania

BRADFORD/SULLIVAN
Keith Sylvester
Bradford/Sullivan Counties D&A Commission
Athens, Pennsylvania

BUCKS
Margaret Hanna
Bucks County D&A Commission
New Britain, Pennsylvania

BUTLER
Richard T. Kleppick
Butler County MH/MR D&A Program
Butler, Pennsylvania

CAMBRIA
Michele Denk
Cambria County MH/MR Program
Ebensburg, Pennsylvania

CAMERON/ELK/McKEAN
Daniel J. Mikanowicz
Alcohol and Drug Abuse Services, Inc.
Port Allegany, Pennsylvania

CARBON/MONROE/PIKE
Richard Mroczka
Carbon/Monroe/Pike Counties D&A Commission
Stroudsburg, Pennsylvania

CENTRE
Michael Barrett
Centre County Office MH/MR D&A
Bellefonte, Pennsylvania

CHESTER
Ruth Kranz Carl
Chester County D&A Planning Commission
West Chester, Pennsylvania

CLARION
Evan Dittman
Clarion County MH/MR D&A Program
Clarion, Pennsylvania

CLEARFIELD/JEFFERSON
Mary E. Lash
Clearfield/Jefferson D&A Commission
Falls Creek, Pennsylvania

COLUMBIA/MOUNTOUR/SNYDER/UNION
Barrie K. Wirth
Columbia/Montour/Snyder/Union D&A Program
Danville, Pennsylvania

CRAWFORD
William J. Auell
Crawford County D&A Executive Comm.
Meadville, Pennsylvania

CUMBERLAND/PERRY
Dennis Marion
Cumberland/Perry D&A Commission
Carlisle, Pennsylvania

DAUPHIN
Smittie J. Brown
Department of Drug and Alcohol Services
Harrisburg, Pennsylvania

DELAWARE
Sandra N. Purcell
Delaware County D&A Commission
Media, Pennsylvania

ERIE
Namon McWilliams
Erie County Office of Drug and Alcohol
Erie, Pennsylvania

FAYETTE
Kenneth C. Renshaw
Fayette County D&A Commission
Uniontown, Pennsylvania

FOREST/WARREN
Russell W. Ragan
Forest/Warren Counties Dept of Human Services
North Warren, Pennsylvania

FRANKLIN/FULTON
Ellen E. Crouse
Franklin/Fulton Counties D&A Program
Chambersburg, Pennsylvania

HUNTINGDON/MIFFLIN/JUNIATA
S. Raymond Dodson, Jr.
Juniata Valley Tri-County D&A Commission
Lewistown, Pennsylvania

LACKAWANNA
Anna Marie Santarsiero
Lackawanna County Commission on D&A Abuse
Scranton, Pennsylvania

LANCASTER
Rick Kastner
Lancaster County D&A Program
Lancaster, Pennsylvania

LAWRENCE
Larry R. Wilcox
Drug and Alcohol Community Treatment Services
New Castle, Pennsylvania

LEBANON
Kevin J. Schrum
Lebanon County Commission on D&A Abuse
Lebanon, Pennsylvania

LEHIGH
Annabelle Dittbrenner
Office of Drug and Alcohol Programs
Allentown, Pennsylvania

LUZERNE/WYOMING
Thomas Cesarini
Luzerne/Wyoming Counties D&A Program
Wilkes-Barre, Pennsylvania

LYCOMING/CLINTON
Peter Grant
West Branch D&A Abuse Commission
Williamsport, Pennsylvania

MERCER
Dana E. Frankenburg
Mercer County D&A Commission, Inc.
Mercer, Pennsylvania

MONTGOMERY
Barbara Dery
Montgomery County D&A Program
Norristown, Pennsylvania

NORTHAMPTON
Diane Fosco
County Treatment Division
Bethlehem, Pennsylvania

NORTHUMBERLAND
Ellen Wolfe
Northumberland County MH/MR D&A Program
Sunbury, Pennsylvania

PHILADELPHIA
Mark Bencivengo
Coordinating Office for D&A Abuse Program
Philadelphia, Pennsylvania

POTTER
Michael Lydon
Potter County Human Services
Coudersport, Pennsylvania

SCHUYLKILL
John C. Phillips
Drug and Alcohol Executive Commission
Pottsville, Pennsylvania

SOMERSET
William E. Kessen
Somerset D&A Commission
Somerset, Pennsylvania

SUSQUEHANNA/WAYNE
Jane Y. Studer
Trehab Center
Montrose, Pennsylvania

TIOGA
Jeff Eaton
Tioga County Human Services Agency
Wellsboro, Pennsylvania

VENANGO
Bonnie S. Summers
Venango County MH/MR D&A Administration
Oil City, Pennsylvania

WASHINGTON/GREENE
Steve K. Shaner
Washington/Greene D&A Planning Comm.
Washington, Pennsylvania

WESTMORELAND
Thomas Nega
Westmoreland County D&A Commission
Monessen, Pennsylvania

YORK/ADAMS
September Y. Beach
York/Adams D&A Planning Program
York, Pennsylvania

APPENDIX C

Pennsylvania Regional Network of Colleges and Universities Committed to the Elimination of Alcohol and Other Drug Abuse

I. Background

In 1987, the U.S. Department of Education created The Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse. The purpose of this Network is to provide a support structure for institutions as they endeavor to eliminate substance abuse on their campuses. The Network has encouraged, and will continue to encourage, institutions to adopt policy and programs designed to eliminate drug and alcohol abuse and to share this information with colleagues at other colleges and universities.

Initially a planning group was formed to draft a set of standards that would define the criteria for institutional membership in the Network. This group consisted of presidents, student affairs officers, health educators and legal specialists. The Standards, organized within the four areas of policy, education, enforcement and assessment, were reviewed and affirmed by major higher education associations, college presidents and former Secretary of Education, William Bennett. The goal of the Network is to coordinate information and resources between and among institutions, train institutional representatives to apply the standards, and to provide the most up-to-date information to those in the field through conferences, news updates and manuals.

II. How to Join the Network

To join the Network, a college or university must endorse the Standards of the Network and submit a letter from the president of that institution indicating their commitment to implement the Standards on their campus. This letter of endorsement should be sent to ***Dr. Vonnie L. Veltri, Network Coordinator, U.S. Department of Education, Washington, D.C. 20208-5644.*** The name and address of a contact person should also be provided.

Just one year after its inception, the Network has grown to over 780 member institutions with endorsements from over 15 higher education associations. Enthusiastic acceptance of the Network by the higher education community is evidence of a strong commitment to finding workable solutions to the problems of alcohol and drug abuse.

Pennsylvania Regional Network

ALBRIGHT COLLEGE
Reading, Pennsylvania

ALLEGHENY COLLEGE
Meadville, Pennsylvania

ALLENTOWN COLLEGE OF ST. FRANCIS DE SALES
Center Valley, Pennsylvania

ARTS INSTITUTE OF PHILADELPHIA
Philadelphia, Pennsylvania

BEAVER COLLEGE
Glenside, Pennsylvania

BEREAN INSTITUTE
Philadelphia, Pennsylvania

BRYN MAWR COLLEGE
Bryn Mawr, Pennsylvania

BUCKNELL UNIVERSITY
Lewisburg, Pennsylvania

CABRINI COLLEGE
Radnor, Pennsylvania

CARLOW COLLEGE
Pittsburgh, Pennsylvania

CARNEGIE MELLON UNIVERSITY
Pittsburgh, Pennsylvania

CENTRAL PENNSYLVANIA BUSINESS SCHOOL
Summerdale, Pennsylvania

CHESTNUT HILL COLLEGE
Philadelphia, Pennsylvania

CHURCHMAN BUSINESS SCHOOL
Easton, Pennsylvania

CLARION UNIVERSITY OF PENNSYLVANIA
Clarion, Pennsylvania

COLLEGE MISERICORDIA
Dallas, Pennsylvania

COMMUNITY COLLEGE OF ALLEGHENY COUNTY
Pittsburgh, Pennsylvania

CURTIS INSTITUTE OF MUSIC
Philadelphia, Pennsylvania

DELAWARE COUNTY COMMUNITY COLLEGE
Media, Pennsylvania

DELAWARE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE
Doylestown, Pennsylvania

DICKINSON COLLEGE
Carlisle, Pennsylvania

DREXEL UNIVERSITY
Philadelphia, Pennsylvania

DuBOIS BUSINESS COLLEGE
DuBois, Pennsylvania

DUQUESNE UNIVERSITY
Pittsburgh, Pennsylvania

EASTERN COLLEGE
St. Davids, Pennsylvania

EAST STROUDSBURG UNIVERSITY OF PENNSYLVANIA
East Stroudsburg, Pennsylvania

EDINBORO UNIVERSITY OF PENNSYLVANIA
Edinboro, Pennsylvania

ELIZABETHTOWN COLLEGE
Elizabethtown, Pennsylvania

FRANKLIN AND MARSHALL COLLEGE
Lancaster, Pennsylvania

GANNON UNIVERSITY
Erie, Pennsylvania

GENEVA COLLEGE
Beaver Falls, Pennsylvania

GETTYSBURG COLLEGE
Gettysburg, Pennsylvania

GROVE CITY COLLEGE
Grove City, Pennsylvania

GWYNEDD-MERCY COLLEGE
Gwynedd Valley, Pennsylvania

HAHNEMANN UNIVERSITY
Philadelphia, Pennsylvania

HARCUM JUNIOR COLLEGE
Bryn Mawr, Pennsylvania

INDIANA UNIVERSITY OF PENNSYLVANIA
Indiana, Pennsylvania

JUNIATA COLLEGE
Huntingdon, Pennsylvania

KEYSTONE JUNIOR COLLEGE
La Plume, Pennsylvania

KING'S COLLEGE
Wilkes-Barre, Pennsylvania

KUTZTOWN UNIVERSITY OF PENNSYLVANIA
Kutztown, Pennsylvania

LA ROCHE COLLEGE
Pittsburgh, Pennsylvania

LA SALLE UNIVERSITY
Philadelphia, Pennsylvania

LAFAYETTE COLLEGE
Easton, Pennsylvania

LANCASTER BIBLE COLLEGE
Lancaster, Pennsylvania

LEHIGH COUNTY COMMUNITY COLLEGE
Schnecksville, Pennsylvania

LEHIGH UNIVERSITY
Bethlehem, Pennsylvania

LINCOLN UNIVERSITY
Lincoln University, Pennsylvania

LOCK HAVEN UNIVERSITY OF PENNSYLVANIA
Lock Haven, Pennsylvania

LYCOMING COLLEGE
Williamsport, Pennsylvania

MANOR JUNIOR COLLEGE
Jenkintown, Pennsylvania

MANSFIELD UNIVERSITY OF PENNSYLVANIA
Mansfield, Pennsylvania

MARYWOOD COLLEGE
Scranton, Pennsylvania

MEDICAL COLLEGE OF PENNSYLVANIA
Philadelphia, Pennsylvania

MERCYHURST COLLEGE
Erie, Pennsylvania

MESSIAH COLLEGE
Grantham, Pennsylvania

MILLERSVILLE UNIVERSITY OF PENNSYLVANIA
Millersville, Pennsylvania

MONTGOMERY COUNTY COMMUNITY COLLEGE
Blue Bell, Pennsylvania

MUHLENBERG COLLEGE
Allentown, Pennsylvania

NEUMANN COLLEGE
Aston, Pennsylvania

NEW KENSINGTON COMMERCIAL SCHOOL
New Kensington, Pennsylvania

PEIRCE JUNIOR COLLEGE
Philadelphia, Pennsylvania

PENNSYLVANIA STATE UNIVERSITY
University Park, Pennsylvania

PENN STATE UNIVERSITY - McKEESPORT CAMPUS
McKeesport, Pennsylvania

PENN STATE UNIVERSITY - MONT ALTO CAMPUS
Mont Alto, Pennsylvania

PENN STATE UNIVERSITY - OGONTZ CAMPUS
Abington, Pennsylvania

PENN STATE ERIE - THE BEHREND COLLEGE
Erie, Pennsylvania

PENN STATE HARRISBURG
Middletown, Pennsylvania

PENN STATE UNIVERSITY - WORTHINGTON SCRANTON CAMPUS
Dunmore, Pennsylvania

PENN STATE UNIVERSITY - YORK CAMPUS
York, Pennsylvania

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
Philadelphia, Pennsylvania

PHILADELPHIA COLLEGE OF PHARMACY AND SCIENCE
Philadelphia, Pennsylvania

PITTSBURGH TECHNICAL INSTITUTE, INC.
Pittsburgh, Pennsylvania

POINT PARK COLLEGE
Pittsburgh, Pennsylvania

ROBERT MORRIS COLLEGE
Coraopolis, Pennsylvania

ROSEMONT COLLEGE
Rosemont, Pennsylvania

ST. CHARLES BORROMED SEMINARY
Overbrook, Pennsylvania

SAINT FRANCIS COLLEGE
Loretto, Pennsylvania

SAINT JOSEPH'S UNIVERSITY
Philadelphia, Pennsylvania

SAINT VINCENT COLLEGE
Latrobe, Pennsylvania

SETON HILL COLLEGE
Greensburg, Pennsylvania

SHIPPENSBURG UNIVERSITY OF PENNSYLVANIA
Shippensburg, Pennsylvania

SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA
Slippery Rock, Pennsylvania

SUSQUEHANNA UNIVERSITY
Selinsgrove, Pennsylvania

SWARTHMORE COLLEGE
Swarthmore, Pennsylvania

TEMPLE UNIVERSITY
Philadelphia, Pennsylvania

THOMAS JEFFERSON UNIVERSITY
Philadelphia, Pennsylvania

UNIVERSITY OF THE ARTS
Philadelphia, Pennsylvania

UNIVERSITY OF PENNSYLVANIA
Philadelphia, Pennsylvania

UNIVERSITY OF PITTSBURGH AT GREENSBURG
Greensburg, Pennsylvania

UNIVERSITY OF PITTSBURGH AT JOHNSTOWN
Johnstown, Pennsylvania

UNIVERSITY OF SCRANTON
Scranton, Pennsylvania

URSINUS COLLEGE
Collegeville, Pennsylvania

VALLEY FORGE MILITARY JUNIOR COLLEGE
Wayne, Pennsylvania

WASHINGTON AND JEFFERSON COLLEGE
Washington, Pennsylvania

WAYNESBURG COLLEGE
Waynesburg, Pennsylvania

WEST CHESTER UNIVERSITY OF PENNSYLVANIA
West Chester, Pennsylvania

WESTMINSTER COLLEGE
New Wilmington, Pennsylvania

WESTMORELAND COUNTY COMMUNITY COLLEGE
Youngwood, Pennsylvania

WIDENER UNIVERSITY
Chester, Pennsylvania

WILKES UNIVERSITY
Wilkes-Barre, Pennsylvania

WILLIAMSON FREE SCHOOL OF MECHANICAL TRADE
Media, Pennsylvania

WILSON COLLEGE
Chambersburg, Pennsylvania

YORK COLLEGE OF PENNSYLVANIA
York, Pennsylvania

Standards of the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse

Endorsed by the American Council on Education Board of Directors

The Standards for the Network to Promote Drug-Free Colleges and Universities define criteria for institutional membership in the Network. The Standards are organized within the four areas of Policy, Education, Enforcement and Assessment.

A. Policy

Network members shall:

1. Promulgate policy, consistent with applicable federal, state and local laws, using such means as the student and faculty handbooks, orientation programs, letters to students and parents, residence hall meetings, and faculty and employee meetings.
2. Develop policy which addresses both individual behavior and group activities.
3. Define the jurisdiction of the policy carefully to guarantee the inclusion of all campus property. Apply campus based standards to other events controlled by the institution.
4. Stipulate guidelines on marketing and hosting for events involving students, faculty, staff and alumni at which alcoholic beverages are present.
5. State institutional commitment to the education and development of students, faculty, and staff regarding alcohol and other drug use.

B. Education Programs

Network members shall:

1. Provide a system of accurate, current information exchange on the health risks and symptoms of alcohol and other drug use for students, faculty, and staff.
2. Promote and support alcohol-free institutional activity programming.
3. Provide, with peer involvement, a system of intervention and referral services for students, faculty, and staff.
4. Establish collaborative relationships between community groups and agencies and the institution for alcohol and drug related education, treatment, and referral.
5. Provide training programs for students, faculty, and staff to enable them to detect problems of alcohol abuse and drug use and to refer persons with these problems to appropriate assistance.
6. Include alcohol and other drug information for students and their family members in student orientation programs. The abuse of prescription and over-the-counter drugs should also be addressed.
7. Support and encourage faculty in incorporating alcohol and other drug education into the curriculum, where appropriate.
8. Develop a coordinated effort across campus for alcohol and other drug related education, treatment, and referral.

C. Enforcement

Network members shall:

1. Publicize all alcohol and other drug policies.
2. Consistently enforce alcohol and other drug policies.
3. Exercise appropriate disciplinary actions for alcohol and/or other drug policy violations.
4. Establish disciplinary sanctions for the illegal sale or distribution of drugs; minimum sanctions normally would include separation from the institution and referral for prosecution.

D. Assessment

Network members shall:

1. Assess the institutional environment as an underlying cause of drug abuse.
2. Assess campus awareness, attitudes, and behaviors regarding the abuse of alcohol and other drugs and employ results in program development.
3. Collect and use alcohol and drug related information from police or security reports to guide program development.
4. Collect and use summary data regarding health and counseling client information to guide program development.
5. Collect summary data regarding alcohol and drug related disciplinary actions and use it to guide program development.

APPENDIX D

Recommended Standards: Alcohol and Other Drug Use Misuse, and Dependency

The American College Health Association Task Force on Alcohol and Other Drugs

The issue of alcohol and other drug use, misuse, and dependency concerns the entire college community as it does society at large. Each college or university office has particular responsibilities to discharge in connection with a college's comprehensive prevention and early intervention program for alcohol and other drug use, misuse, and dependency. The student health service should play an important part in these efforts.

General Approach

College or university student services and the student health service should contribute to the overall institutional mission of education, research, and service and to specific academic and personal development programs for students. Student health services, along with student affairs and student services, should take an active interest in the policies that affect students and contribute to the overall institutional effort to promote academic success, increase student retention, and create a climate for learning.

The college or university student health service and any of the other student affairs and student services so designated have general responsibility for the health and well-being of a student academic community. Main elements of the responsibility usually include personal health services, environmental surveillance and control, education for health, counseling and advising services, and general student support programs.

The college or university has a clear obligation to identify and to the extent possible, control or advocate control of environmental factors that influence the health and safety of members of the academic community, including the minimization of problems related to alcohol and other drug abuse.

The college or university should offer health education and health promotion programs designed to provide basic information to help students adopt healthy lifestyles, understand major health risks, learn strategies to reduce risks, improve self-care, and identify and manage personal behaviors that could lead to acute problems or long-term illness or disability.

The college or university health program, in collaboration with appropriate offices, should identify special risk groups among the student population and develop special programs for surveillance, treatment, and education for those at special risk. These efforts should include, but are not limited to, periodic screening to identify at-risk students; case/chart review and/or other quality assurance monitoring; publicity efforts designed to inform students and other members of the academic community of available services; contact with community agencies, high schools, etc., to encourage referrals.

The college or university health service, in collaboration with other appropriate offices, should identify other institutional and community resources for treatment and education and should develop effective sorting relationships with these resources to increase services to students.

The college or university health service, in collaboration with other appropriate offices, should provide or arrange for effective staff development and training efforts for its own staff and others to ensure the highest possible levels of staff awareness and competence to identify, treat, educate, refer, evaluate, and follow up for

the range of conditions and diseases common to the population served by the program.

This statement focuses especially on the appropriate role for college health and an expressed level of professional competence designed to enable college health practitioners to discharge their roles effectively both as health professionals and as a partner in overall campus efforts. Clinicians are expected to develop and refine their own capacities, in keeping with the mission and scope of each individual health service. There should be a comprehensive approach to prevention as well as to individual care.

A college health service can make significant contributions to altering the campus environment — which helps determine the incidence and character of campus alcohol and drug use. Health education can help a campus achieve its goal of prevention. The public health role of the health service in its own community — the campus — can significantly contribute to the reduction of problems and the identification of environmental hazzards as well as help determine the incidence and prevalence of alcohol and other drug problems.

Many of the proposed standards can be met by slightly altering the habit of practice in a college health service. Some, however, have definite financial and staffing consequences. These issues should be identified on each campus and incorporated in the existing planning and budgeting process.

Mission of a College Health Program

The primary purpose of the student health service's contribution to a comprehensive campus alcohol and other drug prevention and early intervention program should be to carry out effectively its general mission of health care provider, health educator, public health officer, and member of the college or university community. **To achieve this mission, each college or university health program should have a clearly written statement:**

1. Setting forth the goals of its program, including those parts of its program that it will not directly provide but will arrange for in the community or elsewhere.
2. Indicating how the program relates to and is integrated with other campus policies or programs.
3. Outlining the specific roles of health care providers and other members of the health care team with respect to alcohol and other drug use, misuse, and dependency.

The college health service program should offer a set of free-standing activities specifically related to the discrete mission of a college health service and should participate in a comprehensive campus-wide approach to alcohol and other drug use, misuse, and dependency.

The free-standing activities should provide or arrange for services in the three categories of prevention (primary, secondary, and tertiary), and should pay special attention to the different clinical issues presented by acute and chronic use of alcohol and other drugs.

Program

The student health service program should engage in or arrange for services connected with acute and chronic use of alcohol and other drugs.

Each student health service should have a plan to assess, systematically, and to receive the results of other systematic assessments and provide information (of a general and not confidential nature) to other campus offices conducting assessments of:

1. Student, faculty, and staff attitudes, beliefs, and behavior regarding alcohol and other drug use, misuse, and dependency.
2. Incidence of academic or social difficulties, property damage, disciplinary cases, other indicators of health problems associated with alcohol and other drug use, misuse, and dependency.

Professional Competence

Each health and counseling professional practicing in the college health field should possess knowledge and competence specifically relating to alcohol and other drug use, misuse, and dependency, as appropriate to his/her role in health care. **The competence should include knowledge of:**

- General epidemiology (incidence/prevalence)
- Risk factors
- Alcohol consumption and other drug practices on the college campus and in appropriate surrounding communities
- Common clinical presentations of alcohol and other drug problems
- Diagnostic criteria
- Generally accepted treatment plans
- Relationships between the problematic use of alcohol/other drugs by significant others and the use or nonuse of alcohol/other drugs by patients
- Relationships between alcohol/other drug use and sexuality, nutrition, eating disorders, stress, athletic performance
- Alcohol and other drug interactions, both of illegal drugs and those prescribed or available over the counter
- Ethical and legal issues specific to alcohol and other drug use, misuse, and dependency

This competence should include skills in:

- Taking histories and interviewing techniques
- Providing evaluation and clinical assessment
- Providing individual patient education
- Using common alcohol and other drug screening instruments
- Developing and implementing a treatment plan
- Managing care
- Charting
- Making referrals

Administrative/Professional Standards

Each administrator of a college health program should possess the knowledge and skills sufficient to critically examine the effects of alcohol and other drug use, misuse, and dependency in his or her college health service, including a review of policies, protocols, and staff competencies to meet the needs of patients. **These include:**

- Developing and assessing treatment protocols to assure the presence of appropriate attention to possible alcohol and other drug use and misuse components in common clinical presentations.
- Assessing college policies to ensure appropriate health service involvement in case finding, treatment, and referral.
- Developing and implementing quality assurance plans.
- Arranging for and assessing referral arrangements with local treatment providers.
- Assuring appropriate insurance coverage for alcohol/other drug therapies.
- Evaluating patient satisfaction with services.
- Consulting with other campus officials on areas of risk.
- Assessing institutional relationships with student affairs/academic units.
- Assessing institutional alcohol and other drug policy(ies).
- Being knowledgeable on ethical and legal requirements.
- Securing appropriate training and funding resources to carry out the program's mission.

Organization and Administration

Activities and programs designed to effect program goals should be organized and administered in accordance with appropriate policies, protocols, and procedures with clear lines of accountability and authority within the health service and the college community.

The design of the alcohol and other drug use, misuse, and dependency program should be compatible with the institutional structure and student needs.

A table of organization and a description of responsibilities and linkages with the community should be written and made available to all relevant parties.

Human Resources

Personnel should possess appropriate education and certification to perform identified tasks, in accordance with appropriate state licensure and certification requirements.

Recommendations for Alcohol and Other Drug Programs

Primary Prevention (Preventing the Occurrence of a Problem)

1. Participation in the development of campus policies.
2. Assessment of needs of at-risk students in general and of groups (e.g.: adult children of alcoholics, recovering alcoholics, women, sexual assaults).
3. Collaborative programs on the campus, including the promotion of changes in patterns of drinking and other drug use.
4. General community health education.
5. Identification of and contact with treatment and consultative services.
6. Training programs for students and staff.
7. Individual client education.
8. Evaluation of the effectiveness of campus efforts.

Secondary Prevention (Reversing, Halting, or Retarding a Problem)

1. Continued dialogue among campus agencies to promote early identification and treatment of clients and to identify and remedy problem situations.
2. Establishing emergency response procedure for the campus community.
3. Case finding, routine history taking, and routine screening.
4. Intervention based on clinical finding, and/or resulting from expressed concern from students for friends, loved ones, family, etc.
5. Monitoring students with acute and chronic alcohol and other drug problems.
6. Training programs for students and staff, including how to refer effectively.
7. Evaluation of the effectiveness of early intervention efforts.

Tertiary Prevention (Minimizing the Effects of Disease on Disability)

1. Continued training.
2. Development and implementation of a clinical follow-up system, including referrals off-term, vacation, and after graduation for continuity of assistance.
3. Monitoring the maintenance of sobriety for those clients who have been diagnosed as acute problem users.
4. Evaluation of treatment efforts.

APPENDIX E

Examples of Pennsylvania Campus Policy Statements

Delaware County Community College

The 1990-1992 Code of Conduct in the Student Handbook of Delaware County Community College refers to *Types of Violations: Major Violations* with specific reference to substance abuse:

- Illegal and/or unauthorized manufacture, sale, possession, or use of alcoholic beverages, narcotics, marijuana, hypnotics, sedatives, tranquilizers, stimulants, hallucinogens, and other harmful or habit-forming drugs and/or chemicals.
- Intoxication on College owned or operated property.

Drug-Free Workplace Policy

Delaware County Community College is committed to the establishment and maintenance of a drug-free workplace. In accordance with this policy:

1. Delaware County Community College prohibits the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in any facility or on any campus leased or owned by the College. Violation of this policy will result in disciplinary action up to and including termination.
2. The College will establish a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace, the College's drug-free workplace policy, any available drug counseling, rehabilitation or employee assistance programs, and the specific penalties that may be imposed for drug abuse violations occurring in the workplace.
3. The College will comply with all laws and regulations required by the federal government or the Commonwealth of Pennsylvania.
4. Regulations will embody the procedures for implementing this policy.

Dickinson College

Alcohol Policy - General Policy Statement

A college exists to educate its students, a process which occurs both in and outside the classroom. Social life should assist, and not detract from, this most basic goal. At Dickinson, we assume students are adults, and therefore are responsible for themselves and their actions. We also recognize that Dickinson is one of many institutions and homes in the Carlisle community, and that we have a collective responsibility to our neighbors. This responsibility includes, among other elements, a concern for the welfare of others, and a respect for the laws by which we are governed — laws developed through a democratic process which is the very basis of our society.

The consumption of alcoholic beverages in moderation is considered by many to be an acceptable social custom. Drinking to excess, however, is not only detrimental to academic endeavor and to enjoyable social activity, but is potentially dangerous to health, frequently produces destructive behavior, is likely to cause irresponsible use of motor vehicles or other equipment, and often impairs personal interaction. For these reasons, Dickinson College does

not condone any but moderate use of alcohol by members of the College community, including alumni, faculty, staff and students.

A college campus is not a sanctuary offering immunity from federal, state or local law, or from the authority of law-enforcement officers. Dickinson College affirms the right and responsibility of governments to formulate and enforce laws, and will not stand in the way of their application to members of the College community.

Dickinson Alcohol Policy

When on College-owned property or acting on behalf of the College, all Dickinson personnel, students and groups shall observe and comply with Pennsylvania laws pertaining to alcohol and this policy. All members of the College community are expected to acquaint themselves with Commonwealth and local laws and regulations relative to the possession, consumption, distribution, transportation, and sale of alcoholic beverages.

The host of any event at which alcohol is provided in any way is responsible for compliance with Pennsylvania Law and regulations established by the College. The "host" is defined as the person, persons or organization who provide the food and beverages or in whose living space the activity occurs. This means a student's room. A residence hall lounge is the responsibility of the residents and their elected officers. An area used by or rented by a College organization is the responsibility of the members of that organization and their officers.

The College reserves the right to prohibit consumption of alcohol at certain events and in certain facilities. It further reserves the right to limit the days and hours of social events, the way alcohol is served, and the amount of alcohol that may be made available at a given event. Conversely, the College may stipulate where such beverages may be consumed under special and unique circumstances.

The College is committed to educate members of the community about the dangers of alcohol abuse and to encourage and support nonalcoholic events through use of its facilities and funds. The College recognizes that the majority of Dickinson students are under the age of 21 years, and allocation of resources will reflect this fact.

Drug Policy

Possession and use of illicit drugs and controlled substances is contrary to College policy and in violation of Federal and Commonwealth of Pennsylvania laws. The College does not condone the use, manufacture, distribution and/or sale of illegal drugs. Students at the College using or otherwise involved with drugs in violation of the Code of Conduct will be subject to College disciplinary action in addition to any action taken by local or federal authorities.

NOTE: **Applicable legal sanctions under federal, state, and local law for the unlawful possession or distribution of illicit drugs and alcohol are available in the Office of Student Services.**

Immaculata College

Alcoholic Beverage Policy

A student may not keep or consume alcoholic beverages in any form while she is on campus. Any student who in any way violates these regulations will be subject to disciplinary action. (The one exception to the Alcoholic Beverage Policy is that wine may be served to seniors at the Hundred Nights Dinner and the Rose Arbor Dinner).

All organizations requesting permission for an off-campus event with alcoholic beverages should submit their request to the Office of the Vice President for Student Affairs.

The following penalties will ordinarily be imposed when a student is found guilty of violating the Alcoholic Beverage Policy. Other penalties, more or less severe, may be applied at the discretion of the disciplinary jurisdiction hearing the case.

First Offense — There will be a monetary fine of $50. This includes any violation of the Alcoholic Beverage Policy. The Resident Assistant or the Vice President for Student Affairs will

refer the offender for assessment. Counseling will be required.

Second Offense — There will be disciplinary probation and a monetary fine of $75.

Third Offense — There will be suspension from the residence halls.

Fourth Offense — Suspension or dismissal from the college.

Immaculata College supports the Pennsylvania State Laws concerning drinking and accepts the responsibility to inform each student of her obligation to obey these laws. The college offers no protection for violators of these laws.

When a student is (or may be) a problem drinker, the Resident Assistant or the Vice President for Student Affairs is directed to request the student to seek professional counseling. If the student refuses to seek professional counseling and her behavior is considered to be disruptive, the student may be asked to move from the residence halls or be suspended from the college. The requirement of professional counseling may be implemented with or without disciplinary action.

Illegal Drug Policy

In the Commonwealth of Pennsylvania, the selling, buying, possession, and use of any mood and/or mind altering chemicals is a felony punishable by severe fines and imprisonment. Any violation of this law will be considered a serious offense by the Administration of Immaculata College.

The following penalties will ordinarily be imposed when a student is found guilty of violating the Illegal Drug Policy:

First Offense — There will be suspension from the residence halls and the stipulation that the offender seek personal counseling.

Second Offense — Suspension or dismissal from the college.

Peirce Junior College

Alcohol and Drug Policy

Peirce adheres to Pennsylvania and New Jersey statutes that make it illegal for persons less than 21 years of age to attempt to purchase, consume, possess or transport alcoholic beverages within those states or across state lines. Therefore, the college does not sanction the use of alcoholic beverages by minors (i.e., persons less than 21 years of age). Underage students purchasing, consuming or possessing alcoholic beverages on college property or at college sponsored events will be subject to disciplinary action.

At events where alcoholic beverages are served:

1. No student organization funds can be used to purchase alcoholic beverages.
2. No student organization or individual member of an organization may dispense alcoholic beverages.
3. The facility where the event is held must be licensed and cooperate with college officials in limiting the possibility of underage drinking and in refusing to serve intoxicated individuals.

The college also adheres to federal, state and local statutes concerning the possession, sale and use of illicit drugs. Therefore, students violating college policy prohibiting the possession, sale and use of illicit drugs will be subject to disciplinary action.

In conjunction with the above policies, the college also offers educational programs and a referral system to assist in the prevention and treatment of problems related to substance use and abuse.

Pennsylvania State University

Policy Statement On Drugs

a. It is the policy of The Pennsylvania State University that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on property owned, leased, or controlled by the University and used in performance of University services.

b. Any violation of this prohibition may result in disciplinary action, including separation from the University, and the violator may be required to participate in a drug abuse assistance or drug rehabilitation program.

c. When such activity occurs off the premises of the University, the University nevertheless may consider initiating disciplinary action if the University determines that the activity has a substantial adverse effect upon the University or upon individuals of the University community.

Policy Statement On Beverages Containing Alcohol

a. Use, possession, or distribution of beverages containing alcohol on University property shall comply with the laws of the Commonwealth of Pennsylvania and University policies and rules. Misconduct that may result in disciplinary action and penalties, which may include separation from the University, includes:

(1) The purchase, consumption, possession, or transportation, or the attempt to purchase, consume, possess, or transport any beverage containing alcohol by persons under twenty-one years of age, anywhere on the premises of the University, specifically including their rooms in University residential units;

(2) The selling, furnishing, or giving of any beverage containing alcohol to any person under twenty-one years of age;

(3) The possession or consumption of any beverage containing alcohol in residence hall rooms except by individuals who are twenty-one years of age or older in rooms assigned to persons twenty-one years of age or older (the chief administrative officer at locations other than University Park may determine that this exception shall not be applicable);

(4) The purchase, consumption, possession, or transportation of beverages containing alcohol in open containers except:

(a) Individuals who are twenty-one years of age or older may possess and consume beverages containing alcohol in their rooms, or the rooms of other adults, in University residential units. However, conduct, resulting from the consumption of alcohol, that interferes with the rights of others, is prohibited.

(b) By individuals who are twenty-one years of age or older, at facilities licensed by the state.

(c) Adult graduate students and graduate-registered student organizations may serve beverages containing alcohol to adults in facilities owned by the University which are available for such use if, but only if, no monetary charge is made for admission to the function and the function is not open to the public. Adult graduate students and graduate-registered student organizations that serve alcoholic beverages in University facilities shall adopt procedures to prevent the service of alcoholic beverages to minors.

(d) By individuals who are twenty-one years of age or older on University-owned or controlled property when the sponsor has acquired permission under University Policy AD-18.

(5) The purchase, service, use, or possession of beverages containing alcohol

by undergraduate registered student organizations at any function that occurs on the premises of the University;

(6) The use of University student activity funds by undergraduate registered student organizations for the purchase of alcoholic beverages whether such beverages are to be possessed or consumed on or off University premises.

b. The University shall not be responsible for, shall not regulate, and shall not impose disciplinary sanctions for the use, possession, service, or consumption of alcoholic beverages off the premises of the University. In this regard, a violation of local or state law regulating possession or use of beverages containing alcohol that occurs off the premises of the University shall not be deemed to have a substantial adverse effect upon the University community or upon individual members of the University community and, therefore, shall not be a violation of the Code of Conduct.

c. Alcoholic beverages shall not be served to minors (individuals under the age of twenty-one) at University-sponsored functions. A "University-sponsored function" shall be any event at any location which is sponsored by an officer, employee, or agent of the University in his or her capacity as a representative of the University. Functions organized by students or registered student organizations shall not be deemed to be sponsored by the University within the meaning of this policy statement.

Slippery Rock University of Pennsylvania

Alcohol Use

It is expected that Slippery Rock University students who use or possess alcoholic beverages will do so legally as proscribed by the laws of the Commonwealth of Pennsylvania, within the regulations of Slippery Rock University, and in a manner which does not disrupt the lives of others. A student whose conduct is outside these parameters will be subject to discipline under the rules and procedures of the Code of Conduct of Slippery Rock University. This policy has been developed to assist students in understanding their expectations and be aware of the actions that can be taken against them if they are in violation of these expectations.

1. On campus students are subject to University disciplinary action for violation of Commonwealth law. **The following is a brief summary of pertinent provisions of Commonwealth law regarding the use and possession of alcoholic beverages:**

   A. Individuals must be 21 years of age to possess or consume alcoholic beverages.

   B. It is illegal for individuals to misrepresent their age in order to acquire/purchase/use alcohol.

   C. It is a serious crime to modify or forge official documents (as a driver's license) for the purpose of the purchase of alcohol or to do so for others.

   D. Alcoholic beverages may not be sold without a state license. This cannot be circumvented by hiding alcohol costs in the cost of food or the cost of admission.

   E. It is illegal to provide alcohol to an individual under the age of 21.

2. Students are subject to University disciplinary action for violation of the Alcohol Policy of Slippery Rock University. **The following are the provisions of that policy.**

   A. The use of alcohol on the Slippery Rock University campus is prohibited except as indicated below and then only within the laws of the Commonwealth of Pennsylvania.

      (1) At social events when approved by the Alcohol Request Committee (see request procedures).

      (2) At "tailgate" picnics prior to home football games within the

parameters of the published guidelines (see guidelines, Alcohol Policy).

(3) In the on-campus resident of a University staff member.

B. University funds may not be used to purchase alcohol.

C. Recognized student organizations may not use organizational funds for the purchase of alcohol.

3. Students are subject to University disciplinary action if their conduct when using alcoholic beverages disturbs the lives of others. The following is a summary of their expectations:

A. The use of alcohol by a student should not subject the individual or others to harm or injury;

B. The conduct of the student, when using alcohol, should not destroy property or disturb others;

C. Students using alcohol should not disrupt the tranquility of the community in which they live by excessive noise, vulgarity or destruction of property.

4. Individuals who illegally provide alcohol to others or do so legally or illegally in a manner which can be construed as detrimental to that individual, subject themselves to University disciplinary action.

5. Student organizations are expected to comply with Commonwealth law and University regulations and expectations regarding the use of alcoholic beverages and to be responsible for those who attend events sponsored by the organization. These laws, regulations and expectations are explained in the previous sections.

6. When an organization is in violation, individual students who are responsible for, or involved in, the violation are subject to the provisions of the Code of Conduct.

7. While disciplinary actions are primarily concerned with on-campus conduct, off-campus behavior by an organization or an individual could subject the organization or student to disciplinary action if the behaviors are violations of the law, seriously endanger others, seriously disrupt the adjacent neighborhood, or cause property damage.

8. The disciplinary action taken against an individual for conduct involving alcohol will usually be progressive. However, if students use alcohol, legally or illegally, and their conduct causes injury to themselves or others, destroys property or seriously disrupts the lives of others, the student could be separated from the University.

9. In certain circumstances, involvement in an alcohol education program and/or counseling may be requested by the student in lieu of, or for a reduction of, disciplinary action. Two specific programs are:

A. When students who have been using alcohol are involved in conduct which causes injury to themselves or others, destroy property or seriously disturb others, they may request, in lieu of being referred to the University Hearing Board with a recommendation that they be suspended, that they be allowed to participate in a program of alcohol education and counseling and be placed on University probation. A student may participate in this program only once in lieu of disciplinary action.

B. When students have been involved in an alcohol violation, but one which does not cause injury to themselves or others, destroy property, or seriously disturb others, they may request, in lieu of disciplinary probation, that they be allowed to participate in an alcohol education program. A student may participate in this program only once in lieu of disciplinary action.

University Of Pennsylvania

General Policy Statements and Guidelines Use of Alcohol

Introduction

The University of Pennsylvania seeks to encourage and sustain an academic environment that both respects individual freedom and promotes the health, safety and welfare of all members of its community. In keeping with these objectives, the University has established the following policy governing the possession, sale and consumption of alcoholic beverages on the University campus, and conforming to the laws of the Commonwealth of Pennsylvania (see attached summary of the Pennsylvania Liquor Code). Consistent with its educational mission, the University sponsors programs that promote awareness of the physical and psychological, social and behavioral effects of alcohol consumption. The University also assists its members in finding alternatives to alcoholic beverages for promoting social interaction and stress reduction, and it provides services and resources for community members who experience alcohol-related difficulties. Together, Penn's alcohol policy and programs are intended to encourage its members to make responsible decisions about the use of alcoholic beverages, and to promote safe, legal, and healthy patterns of social interaction.

Policy

1. The University permits lawful keeping and consumption, in moderation, of alcoholic beverages on its property by persons of legal drinking age (21 years or above).
2. The use of alcohol by members of the University community and external groups on University-owned property and at University sponsored events is governed by the following provisions:
   a. University funds may not be used to purchase alcoholic beverages that will be served to persons under the legal drinking age.
   b. Individuals or groups sponsoring University events should take reasonable measures to ensure that alcohol is not sold, served, or made available to persons who are under the legal drinking age, or to persons who are obviously inebriated.
   c. Publicity for University social events directed primarily towards students should not include advertising the availability of alcohol at these events.
3. Persons in charge of various University facilities should, in consultation with students and others, develop and implement guidelines consistent with this policy, for the use of alcoholic beverages in specific facilities.
4. While the University recognizes that alcohol plays a role in some social activities, it deplores its misuse and abuse. Alcohol consumption will not be considered an excuse for misconduct, but rather an aggravating factor to the misconduct in question.

Widener University

Alcoholic Beverages

The University does not encourage the use of alcoholic beverages. The University also calls attention to the laws of the Commonwealth of Pennsylvania and although not an enforcement agent of the state, the University will not impede the legitimate efforts of the Commonwealth to enforce Pennsylvania state law, which in part, states that:

. . . It is illegal for any person under twenty-one years of age to possess alcoholic beverages or to attempt to purchase, or to consume or transport any alcoholic beverage within Pennsylvania.

. . . It is illegal for any person to sell or give alcoholic beverages of any kind to a minor.

. . . It is illegal for any person to misrepresent his own age or the age of any other person in order to obtain alcoholic beverages.

Kegs and beer balls are strictly prohibited on campus (including residential areas). Students 21 years of age and older and student organizations shall not furnish alcoholic beverages,

including wine, or beer, to minors. For those students of age, alcoholic beverages are typically confined to resident rooms, not public areas such as lounges, stairs, lobbies, classrooms, or offices. In those situations where exceptions are made, the University reserves the right to require additional procedures to ensure safety and responsible consumption. No alcoholic beverages (or food) are permitted in Schwartz Center and alcoholic beverages are not allowed in MacMorland Center, unless during an event where all in attendance are of age and the sponsoring group has received the explicit written permission of the Dean of Students. No alcohol is permitted in the University Stadium during athletic events.

Each residence hall or living unit is permitted to make more stringent policy modifications within the guidelines of this statement to satisfy its specific situations and wishes.

Drinking or carrying of alcoholic beverages outside of specified areas is forbidden and will be enforced. Any unsocial conduct resulting from the consumption of alcohol will result in appropriate disciplinary action.

Drugs And Other Controlled Substances

The possession, use, and sale of drugs and other controlled substances is a federal and a state offense subject to mandatory heavy fines and imprisonment. Widener University cannot and will not shield students from the law and its consequences; moreover, Widener University must and will cooperate with law enforcement agencies.

Inter-Association Task Force on Alcohol and Other Substance Abuse Issues

Statement on Alcohol Policy for Institutions on Higher Education

Diversity of opinion and freedom of choice are concepts which have long been part of the higher education tradition. However, this freedom entails the exercise of personal responsibility, a responsibility that includes the obligation to make informed decisions regarding the use or non-use of alcoholic beverages.

Over eighty percent of college students in this country currently drink alcoholic beverages. Most of these are moderate drinkers. But there is a substantial minority of students who misuse alcohol. Academic performance, health, personal relationships and their safety suffer when students misuse alcohol.

Important in the reduction of alcohol related problems is the human capacity to act responsibly under the proper conditions. A reduction of problems related to the misuse of alcohol cannot be achieved solely through the development of rules and regulations. However, rules and regulations are important and necessary: people need to know what their responsibilities are as members of the campus community.

The Inter-Association Task Force on Alcohol Issues recommends that a reasonable campus policy on alcohol for institutions that permit the possession, consumption or serving of alcohol beverages should address each of the following contained herein:

Approved unanimously by Inter-Association Task Force members representing:

- ACPA - American College Personnel Association
- ACU-I - American College Union-International
- ACUHO-I - Association of College and University Housing Officers-International
- BACCHUS - Boost Alcohol Consciousness Concerning the Health of University Students
- NACA - National Association for Campus Activities
- NACURH - National Association of College and University Residence Halls

I. **It is recommended that a comprehensive campus policy on alcohol should include a summary of the state laws including each of the following:**

1. Drinking Age Laws pertaining to the possession, consumption, and sale of alcoholic beverages, as well as penalties for violation of such laws.

2. Regulation of Sale Laws with special emphasis on Alcohol Beverage Control (ABC) Board requirements for special permits or licenses by groups which charge admissions or dues for events involving alcoholic beverages.

3. Open Container Laws governed by city or county ordinances or state statutes concerning the consumption of alcohol beverages in outdoor areas or automobiles.

4. Other Laws pertinent to the jurisdiction (such as dram shop or implied consent).

II. **University Requirement**

The Task Force recommends that a comprehensive alcohol policy address each of the following areas concerning the use of alcoholic beverages on the campus:

1. ***Locations where alcoholic beverages are permitted to be possessed, served and consumed*** by persons of legal drinking age on the campus should be identified. A very specific listing of such places (e.g., in private rooms, designated common areas of residence halls, college unions, etc.) help clarify questions that students, faculty, or staff may have concerning where alcoholic beverages are permitted on campus.

2. ***Locations where alcoholic beverages are permitted to be sold*** as opposed to merely be served on the campus (e.g., faculty lounge, college union, pub, etc.) should be delineated.

3. ***Guidelines for public and private social events*** which involve alcoholic beverages within the institution's jurisdiction should be established. An event which is open to the public, i.e., where admission is charged or public announcement is made, should be registered with the appropriate campus office prior to the event. The event should be conducted within the following guidelines:

   a. If the function includes the sale of alcoholic beverages a permit shall be obtained from the appropriate state office or ABC Board.

   b. Individuals sponsoring the event should implement precautionary measures to ensure that alcoholic beverages are not accessible or served to persons under the legal drinking age or to persons who appear intoxicated.

   c. At social functions where alcoholic beverages are provided by the sponsoring organizations, direct access should be limited to a person(s) designated as the server(s).

   d. Consumption of alcoholic beverages is only permitted within the approved area designated for the event.

   e. Non-alcoholic beverages must be available at the same place as the alcoholic beverages and featured as prominently as the alcoholic beverages.

   f. A reasonable portion of the budget for the event should be designated for the purchase of food items.

   g. No social event shall include any form of "drinking contest" in its activities or promotion.

   h. Advertisement for any university event where alcoholic beverages are served shall note the availability of non-alcoholic beverages as prominently as alcohol. Alcohol should not be used as an inducement to participate in a campus event.

   i. Promotional materials including advertisement for any university event should not make reference to the amount of alcoholic beverages (such as the number of beer kegs available).

j. Institutionally approved security personnel should be present at all times during the event.

4. ***A specific statement concerning the use or non-use of alcoholic beverages at membership recruitment functions*** (e.g., fraternity/sorority rush, departmental clubs and special interest groups) should be an integral and explicit part of a comprehensive campus alcohol policy.

5. ***A specific statement concerning the use or non-use of alcoholic beverages in athletic facilities or at athletic events*** should be an integral part of a comprehensive campus alcohol policy. Such a statement should apply equally to students, faculty, staff, alumni or others in attendance at the event.

6. ***Guidelines for any marketing, advertising and promotion of alcoholic beverages on campus*** or at campus events involving alcohol should be stated as part of a comprehensive campus alcohol policy. The Task Force recommends that the "Guidelines for Campus Marketing of Alcoholic Beverages" should be incorporated into a comprehensive campus alcohol policy.

7. ***Procedures for adjudicating violations of the alcohol policy*** should be articulated. Such procedures should include a statement of sanctions.

APPENDIX F

Examples of Campus Programs

La Salle University

LaSalle is a small (3,200 undergraduate, day students), private university located in the Logan section of North Philadelphia. It has maintained a comprehensive alcohol and other drug (AOD) program since October of 1988.

Areas of Service

1. **AOD clinical services** - Individual assessments of use patterns, clinical diagnosis of AOD abuse/dependence, information and referral, group services for adult children of dysfunctional families. This service is staffed by a professionally trained AOD counselor.
2. **Community education** - On campus programming re AOD issues, consultation with faculty re in-class presentations, coordination with university professional staff re AOD education, moderate university peer education program.
3. **Program development** - Review of university policy and procedure, expansion of university services, consultation with Resident Life re program needs.

Sample Programs

1. **University Peers** - a peer education program coordinated by a graduate student assistant. Undergraduate students are trained and supervised in providing AOD education programs on campus.
2. **Alcohol Awareness Project** - an educational alternative to traditional disciplinary sanctions. University Peers present a four part seminar on alcohol, its use/abuse, and responsible decision making for first time offenders of the alcohol policy who choose this alternative.
3. **'Cover for a prof'** - the AOD program will take a professor's class on a day when the prof must be at a professional activity. A prepared AOD program or, with sufficient notice, a special AOD program in line with the course syllabus, will be presented.
4. **Alcohol I.Q. Network** - special student oriented alcohol software prepared by Cornell University has been installed on computers at various convenient sites on campus.

Lehigh County Community College

College Policies:

1. **Resolution 26.28 - Drug-Free Workplace and Educational Institution Policy - approved by the Board of Trustees September 6, 1990, states:**
   a. It is the policy of Lehigh County Community College to maintain a drug-free workplace and educational institution.
   b. No employee or student may manufacture, distribute, dispense, sell, illegally possess, or illegally use in the workplace/campus alcohol or a controlled substance, as defined by the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989.
   c. The workplace/campus is defined as the Schnecksville campus, downtown Allentown City Site, or any other location where the employee is representing the college, or the student is attending class or a college sponsored function.
   d. Violation of this policy by any employee will result in immediate termi-

nation or disciplinary action up to and including termination. Violation of this policy by a student may result in immediate suspension leading to possible dismissal.

e. As a condition of employment, all employees must abide by the above policy statement, and any employee who is convicted of any drug violation in the workplace must inform the Director of Human Resources within five (5) days of the conviction. The college is required to notify the proper federal agency of this conviction within ten (10) days of receiving a notice of conviction from the employee.

f. Any employee so convicted is subject to immediate termination or disciplinary action up to and including termination. At the college's option, the college may require that the employee enter a drug rehabilitation program within thirty (30) days of the college receiving notice of conviction.

g. The college officials will cooperate with local, state, and federal authorities to ensure compliance with laws for unlawful use, possession, manufacture, distribution, or sale of illicit drugs or alcohol and will advise students and employees that convictions or violations of these laws can lead to fines and/or imprisonment.

2. Policies and Procedures Manual

a. Chapters III, IV, and V contain the above Drug-Free Workplace Policy as conditions of employment for Faculty, Administrative, Paraprofessional and Classified Employees.

b. Chapter VI, Student Policies

6.003 **Alcoholic Beverage**

Students found under the influence of or in possession of alcoholic beverages on campus will be subject, at the discretion of the President, to immediate suspension leading to possible dismissal.

6.004 **Dangerous Drugs**

Students who are under the influence of or in possession of any drug, the possession of which is deemed unlawful by the laws of the Commonwealth of Pennsylvania, will be subject, at the discretion of the President, to immediate suspension leading to possible dismissal.

c. Chapter VI, Student Bill of Rights and Responsibilities

4.240 **Major Violations of College Regulations**

The following student actions should be regarded as major violations of the college regulations, policies or procedures with a possible maximum penalty of expulsion.

c. Use of alcoholic beverages on college property.
g. Illegal possession or sale of narcotics or drugs on campus.

d. Chapter VII, College Facilities

7.105 **General Regulations**

h. Gambling, the use of alcoholic beverages or controlled substances in the buildings or on the grounds is absolutely prohibited.

Services Available:

1. The College Nurse is available to counsel people about the dangers involved in the abuse of alcohol and drugs. Further referrals to physicians and outside agencies can be made from this office.

2. The College Counselors are available in addition to the College Nurse for crises intervention and referrals to outside agencies.

3. The Human Resources Office is available for referral for employees to outside agencies with the assistance of the College Nurse.

4. Employees covered by Blue Cross/Blue Shield have benefits including inpatient

detoxification (up to 30 days per 12-month period), nonhospital residential alcohol services (up to 30 days per year and 90 days per lifetime) and outpatient alcohol services (up to 30 sessions per year and 120 sessions per lifetime).

Educational Efforts:

1. The Wellness Program includes a section regarding education of people about what they can do to achieve their optimum wellness level. Drug/alcohol abuse is part of this education.
2. Through the Health Center, pamphlets addressing drug/alcohol abuse are available to students and employees of the college.
3. Credit courses including but not limited to HPE 101 - Personal and Community Health and SOC 151 - Modern Social Problems include education regarding drug/alcohol abuse.
4. The College Nurse uses every appropriate opportunity to include drug/alcohol abuse prevention education in health counseling of clients.
5. Programs are periodically offered by the Health Center and CCPB which provide education regarding drug/alcohol abuse.
6. A pamphlet entitled "LCCC - Drug-Free Campus" has been developed. The pamphlet addresses the dangers of drug/alcohol abuse and states the college policy, legal sanctions and health risks on such abuse. This pamphlet is part of the admissions packet sent to all students on admission and given to all new employees upon hire. In addition, it is distributed annually to all students and employees. It is also available for pick up at various areas on campus.
7. A memorandum with the college's policy for a drug-free workplace is given to every new employee upon hire.
8. Noncredit courses including information on drug/alcohol abuse prevention education are available to the public.
9. "Hotline" phone numbers are listed on the VIS (Visual Information System) and on posters throughout the campus.
10. Students are involved in the educational process of their peers utilizing guest speakers and the college radio station.

Pennsylvania State University

The Drug Education Program for Total Health (DEPTH) is part of the Office of Health Promotion and Education, University Health Services. DEPTH activities include a campus peer education program and an intervention program designed to facilitate responsible decision making regarding the use of alcohol (by students over the age of 21) and the abstinence from illicit drugs. The activities of DEPTH address the following areas:

1. Responsible decision making by those who choose to use alcohol.
2. Support and reinforcement of decisions not to use any substances.
3. Intervention and/or referral for those abusing substances.
4. Abstinence education regarding the use of illicit substances.

The DEPTH provides services that primarily benefit the student population. Most of these services are offered by trained peer educators.

Training

Interested students from a variety of academic backgrounds are eligible to apply for educator training. Successful completion of a two credit course on alcohol and other drug related issues and educational programming will qualify students as peer educators.

Educators may elect to participate in additional helping skills training to qualify as peer interventionists. Initial training for both peer

educators and interventionists is supplemented by inservice training throughout the year.

All DEPTH educators are required to commit to two semesters of DEPTH activity after they are trained. Educators are required to sit one office hour per week to conduct two workshops per semester and to attend meetings and inservice workshops. Interventionists are required to meet all of the educator requirements plus complete at least one individual intervention and one group intervention per semester.

Program Areas

DEPTH peer educators are trained to conduct educational programs examining the health, social and cultural role of alcohol and other drugs. An organization can schedule a program by contacting the DEPTH office. The following list identifies the educational programs offered by DEPTH educators.

Alcohol Use and Abuse at Penn State: Is alcohol a food or drug; a depressant or a stimulant? Many people make decisions about alcohol use based on inaccurate information. Physiological processing, effects on behavior, and societal attitudes toward alcohol use are explored through an interactive video. How to identify when use becomes abuse is the primary focus of this program.

Uppers, Downers, All Arounders: This workshop addresses the issues of drug use and abuse at Penn State. Information about the various drug classifications and drug abuse is presented in an interactive video. Addiction statistics and drug issues are addressed in the follow-up discussion.

Friend to Friend: How to Help Someone with an Alcohol or other Drug Problem: When someone you care about starts having problems because of alcohol or other drugs, what can you do? This workshop focuses on how to recognize an alcohol or other drug problem and strategies for how to help.

Sex Under the Influence: The Alcohol and Sexuality Connection: This fun workshop helps the audience assess their attitudes about alcohol and sexuality-related issues while separating the facts from the myths. A videotape and role-play scenario helps individuals to make informed decisions about "Sex Under the Influence" (SUI).

Intervention

Educational intervention on an individual and group basis is available through DEPTH for students who are concerned about their drinking or simply want more information about dealing with alcohol and other drug related issues. All sessions are strictly confidential. Information is shared with other persons only with the permission of the student participant. These sessions are conducted by trained DEPTH peer interventionists, the graduate coordinator of intervention or other staff.

Peer intervention is not psychotherapy but psychoeducation. **The purposes of the DEPTH intervention are as follows:**

1. **To educate individuals about alcohol and other drugs.**
2. **To promote responsible decision making in regard to one's use of alcohol.**
3. **To facilitate the students exploration of values regarding drug and alcohol useage.**
4. **Appropriate referral of students in need of therapeutic intervention.**

For further information about the Drug Education Program for Total Health, phone (814) 863-0137 or write 234 Ritenour Building, University Park, PA 16802.

Rutgers University

Rutgers University during the past ten years has developed and implemented policies and programs which address the complex issues of substance use and abuse on campus. This model encompasses: Policy, Education and Training, and Intervention.

Policy

The initial step in the development of the Rutgers approach was the convening of a University committee in 1980 charged with proposing a policy on alcohol use. Responding to

the results of a 1980 survey on campus alcohol use, the Committee published a document in 1981 that explored the role of alcohol throughout the campus community. Over 750 colleges and universities in the nation have requested and received this policy document and it stands today as a model campus alcohol policy.

Briefly, the policy recommends the regulation of use and availability of alcohol in a variety of campus contexts, the implementation of an alternate beverage policy to cover all campus events in which alcoholic beverages are available, the implementation of policy to assure that alcohol does not have a disproportionate importance in social events, and the implementation of disciplinary procedures for noncompliance with the alcohol policy. The Committee recommended the development of a comprehensive education and training program for University personnel and students and the development of a student assistance program.

Education and Training

The Alcohol Education and Training Program (AETP), established by the Rutgers Student Health Service (RSHS) in early 1983, provides educational opportunities for the entire University community. Goals of the AETP have been to encourage responsible decision-making about alcohol, to promote responsible drinking behavior for those who choose to drink, and to increase awareness of and respect for the rights and choices of nondrinkers. Education and training are conducted through informal presentations, workshops, exhibits, professional development activities, and referrals. In addition to standard topics and activities (e.g. exhibits on drinking and driving issues for commuter students; presentations on party planning or responsible drinking in residence halls or fraternity/sorority settings), specialized workshops are conducted for residence life staff, bartenders in campus pubs, student leadership conferences, freshmen orientations, Educational Opportunity Fund program orientations, and many other groups and settings. Professional staff and faculty development activities are offered through one-day workshops, multi-day conferences, scholarships to the Rutgers Summer Schools of Alcohol and Drug Studies, and continuing education seminars. The AETP published an Alcohol Education Manual, now in its second edition, as a training guide to alcohol and drug education programming on campus. Over 600 copies of the manual have been purchased by colleges and universities in the United States, Canada and elsewhere.

Future AETP goals include development of education and training programs on drugs other than alcohol, various public information campaigns, development of culturally-relevant programming, programs for high-risk groups, specialized training in early identification and intervention for gatekeepers, and programs for parents.

Intervention

The Alcohol Assistance Program for Students (AAPS) provides comprehensive alcohol and drug counseling services based, in part, on the employee assistance model. The AAPS identifies, educates, treats (or refers to treatment) and tracks students with emerging or recurring substance abuse or dependency. Self, voluntary or mandatory referrals are made to the AAPS. The range of programs offered include educational, individual and group counseling, aftercare, and Alcoholics Anonymous or Narcotics Anonymous linkages. The staff of the AAPS have become national leaders in the college alcohol assistance area and are frequently asked to present at national conferences and consult to other colleges and universities in the Northeast.

The New Jersey Collegiate Substance Abuse Program was developed in response to the problem encountered when a college student substance abuser could not be effectively treated on an outpatient basis through the campus student assistance program. The customary option for the college student in this situation was to accept referral to an off-campus, traditional inpatient alcoholism or drug rehabilitation facility. However, college students typically have not accepted such a referral because it required leaving the campus for an extended period, discontinuing started coursework, and sacrificing time and money invested in school.

New Jersey Alcohol/Drug Resource Center and Clearinghouse

The New Jersey Alcohol/Drug Resource Center and Clearinghouse was established through cooperative efforts between the Center of Alcohol Studies at Rutgers University and the New Jersey Department of Higher Education. The Governor's Cabinet Working Group on Substance Abuse Prevention (which consists of representatives from State departments on: Community Affairs, Corrections, Education, Health, Higher Education, Human Services, and the Office of the Attorney General - Law and Public Safety) recommended that funds be set aside for the establishment of this Clearinghouse.

The Resource Center and Clearinghouse began in Spring 1988 to:

1. Provide education and training programs for specific populations (e.g. teachers).
2. Offer alcohol and drug consultation services and program information.
3. Develop core collections of alcohol/drug education, treatment, and prevention materials.
4. Disseminate information on alcohol and drug education, treatment and prevention.

Professional Education and Training Opportunities

Professional development and education programs are available for various groups throughout the State of New Jersey. Training is offered through the Summer School of Alcohol Studies, the New Jersey Summer School of Alcohol and Drug Studies, the Continuing Education Seminar Series, and specialized courses and workshops designed specifically for the needs and interests of particular groups.

Courses cover a broad range of subject matter, such as: alcohol and drug issues in American society; medical, psychological and genetic aspects of alcoholism and other drug dependencies; adolescent substance abuse; alcohol/drugs and minorities; family issues surrounding chemical dependency; children of alcoholics; individual family and group counseling skills; and prevention of alcohol and other drug abuse. Introductory, intermediate and advanced level training is provided through the professional development programs.

Information Services

The Resource Center and Clearinghouse provides information services and materials. A core collection of print and audiovisual materials, including curricula, training manuals, textbooks, fact sheets, and pamphlets on alcohol and other drugs is available. In addition, users have access to the comprehensive alcohol research collections maintained by the Center of Alcohol Studies' Library.

Single copies of many documents from the Center's collections are available for a minimal photocopy charge. Other fee-based services include subject bibliographies, on-line searching, and preparation of information packets for special groups or functions. All Resource Center and Clearinghouse collections, services, and materials are available from the library of the Center of Alcohol Studies at Rutgers University.

Training and consulting is provided for professional groups (e.g. school administrators, substance abuse coordinators, school and college librarians) on accessing alcohol and drug information and on evaluating and strengthening alcohol/drug collections in libraries and media centers.

The Alcohol Assistance Program for Students

Early intervention is a principal goal of the Alcohol Assistance Program for Students (AAPS) at Rutgers University, which was formally established in 1983. Early intervention refers to providing education to students at high-risk in order to prevent problems, and to reaching students already chemically dependent by providing them with treatment at either an earlier stage or age than traditionally has been available. Early intervention is accomplished through a range of methods, including direct counseling of students; consultation to friends or family members of a student, and staff and faculty members; and staff training in recognition and referral

of substance-abusing students. The AAPS staff consists of a director-counselor, another full-time counselor and two part-time counselors, who provide services at all three campuses. All clinicians are master's level counselors, two are New Jersey state-certified alcoholism counselors.

When a student comes in for an initial appointment, a counselor conducts an assessment, which may take from one to three sessions. The assessment involves taking a psychosocial history that includes such information as age; place of birth; different home locations during a student's lifetime; parents' and siblings' ages, occupations, and drinking/drugging patterns; an alcohol/drug history from initial use to present; and a specific screening which describes the effects of alcohol/drug use on college life. A diagnosis and treatment plan is worked out between counselor and student.

After assessment and diagnosis, more clients of the AAPS fit into one of the following groups: (1) students experiencing problems due to substance abuse; (2) active and recovering chemically dependent students; and (3) students affected by the chemical misuse of family members of close friends.

The treatment plan for a chemically dependent student may include a verbal commitment for 90 days of abstinence from all mood-altering chemicals, combined with individual and group counseling. Individual counseling consists of discussing daily problems with abstinence and possible relapses; understanding chemical dependency in greater depth; resolving guilt and conflict associated with past actions and friends which occurred while under the influence; and gradually breaking down the denial associated with the early stages of recovery.

While Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings are not required, they are strongly recommended as a much-needed adjunct to (and an eventual replacement for) counseling. Because many students are chemically dependent, having used both alcohol and other drugs, AA and NA are appropriate. However, students find AA meetings more available and attend more often. Some students go to both types of meetings. Many aspects of these self-help recovery programs are discussed in counseling to ease the way for student participation.

In Recovery Group, students join with other recovering students, which reduces the denial of the newly recovering young adult. Other students are often willing to take newer students to AA and NA meetings and often become a sober peer group for each other. The Recovery Group is voluntary. Should a student for whom treatment is mandatory decide he or she needs treatment, attendance at this group would be seen as a personal decision and is separate from prevention and education requirements.

Alcohol counselors offer individual and group counseling to students from chemically dependent families. During the assessment, it may become obvious that while the student came in because of the problems of a family member, the student is also chemically dependent and his or her treatment becomes a priority. Many students seek counseling because they want to know how and what they can do to help their parents, not because they realize they need help as well. Group counseling is particularly helpful in reducing defensiveness and loneliness for these students.

About 25 percent of the AAPS clients are referred through mandatory procedures. The majority of these students are referred because of disciplinary problems on campus involving alcohol or other drugs, or arrests for "driving while intoxicated" (DWI).

Referral procedures have been developed with deans of students' staff, campus police and residence life staff on campus. Affiliation agreements have been signed with local intoxicated-driver resource centers for students in need of this type of counseling.

Following an assessment, a common recommendation is an eight-week alcohol/drug education program. The goal of this program is to prevent further alcohol/drug related problems.

The sessions are coordinated with the Alcohol Education and Training Program, structured in content and meeting for one class period/week for eight consecutive weeks. These students are required to come to the AAPS, and are often resistant during the assessment, although this resistance lessens after explaining the process and expectations.

Confidentiality is guaranteed to the student. The referral source knows only that the student has kept his or her appointment and is or is not

attending the sessions. If a student does not follow through with requirements at any point, the referrer is notified and it is the referrer's responsibility to follow up with the student. This aspect of the mandatory procedure is an essential part of the working relationship between the AAPS, the referrer, and the student.

A small percentage of students whose attendance is mandatory are addicted. A problem arises when the counselor diagnoses a student as being chemically dependent and the student does not see the problem as being severe enough to warrant treatment. In such cases, individual sessions are scheduled to monitor each student's use and to develop a therapeutic relationship while the student is attending the required eight-session program. As a result of changes in attitude, some students have begun recovery during or following the completion of the eight-week education program.

A student assistance program has an important role on a college campus by providing counseling to students abusing alcohol and other drugs. It also provides assistance with other services, such as staff training, dealing with disciplinary problems, and assisting friends and family members of abusers.

The New Jersey Collegiate Substance Abuse Program

The New Jersey Collegiate Substance Abuse Program (NJCSAP) at Rutgers University, New Brunswick, is a campus-based, partial-residential treatment program for college student substance abusers. The NJCSAP was awarded a Certificate of Need by the New Jersey Department of Health as a five year demonstration project. Its main objective is to identify, refer and treat college student substance abusers in a campus-based facility.

The NJCSAP allows college students to continue in their role as students with campus activities as the incentive to increase the accessibility and acceptability of intensive substance abuse treatment. College students who need these services can use the NJCSAP, thereby preventing college attrition, poor performance and the development of chronic substance abuse patterns in young adults. The NJCSAP is the first project of its kind in the nation.

Because this is a statewide project, there are an estimated 12,000 to 25,000 substance abusers who attend one of New Jersey's institutions of higher learning who may benefit from the NJCSAP. An additional 2,200 to 4,500 estimated new cases enter the higher education system annually in New Jersey.

The NJCSAP offers a range of treatment services comparable to those provided in traditional inpatient alcoholism or drug rehabilitation. However, the essence of the NJCSAP concept is the partial-residential approach, which represents a significant and unique innovation in substance abuse treatment. Although residential care is provided, the student-resident can maintain continuity and identity with significant life roles, especially those associated with being a college student.

The facility is located on a dedicated portion of the medical inpatient floor of the Hurtado Health Center on the College Avenue Campus. The experimental program can treat 15 students at a time as inpatients, and another 10 as participants in a day program.

The NJCSAP provides medical detoxification, inpatient care, partial-residential care and day treatment. Individualized treatment planning determines when transitions in level of care are made. NJCSAP's philosophy is that all student-residents will be able to participate in the partial-residential phase soon after admission. This will permit the least disruption in coursework.

Students' activities off the unit compose a critical aspect of the treatment program. In off-unit activities (e.g. studying in the library, going to sports or social events) student-residents will be exposed to a full range of environmental, interpersonal and psychological variables which set the stage for substance use. In the treatment program the student-resident learns and then has the ability to practice new abstinence skills to achieve mastery. Such an approach is expected to be quite potent in confronting denial and preventing relapses after treatment.

In the NJCSAP, student-residents gain exposure to the fellowship and principles of Alcoholics Anonymous and Narcotics Anonymous and are connected with recovering students. A full range of treatment services are offered and include individual, group and family therapy. Special groups will focus on relationships, gen-

der issues, education issues, children of alcoholics, and others. Ancillary services related to mental and medical health, pharmacy, laboratory, recreation, dietary, student affairs issues, and others will be provided as routine Health Center services, or by specific consultative relationships.

Lengths of stay in the NJCSAP vary according to clinical need. The NJCSAP has the capacity to keep a student-resident in treatment for one semester. However, the clinical goal of the NJCSAP is to move student-residents back into the college community as soon as it is clinically sound to do so.

Students to be served by the NJCSAP program might include those who are repeatedly engaging in potentially dangerous substance use, those who are having difficulty maintaining sobriety, and others whose addictive pattern of substance use manifests itself in a pattern of serious consequences, such as school failure, social criticism, relationship problems, accidents and injuries.

Staffing is multidisciplinary and utilizes the resources of existing Rutgers Student Health Service physicians, psychiatrists, nurse practitioners, nurses and administrative staff; Center of Alcohol Studies clinical psychologists, faculty and nurses; and Rutgers Alcohol Assistance Program Certified Alcohol Counselors. In addition, the NJCSAP will provide model clinical and research training to health professionals and professionals in training.

APPENDIX G

Code of Advertising Standards
Wine Institute

GUIDELINES. **These guidelines shall apply only to voluntary subscribers of this Code of Advertising Standards.**

1. Wine and wine cooler advertising should encourage the proper use of wine. Therefore subscribers to this code shall not depict or describe in their advertising:
   a. The consumption of wine or wine coolers for the effects their alcohol content may produce.
   b. Direct or indirect reference to alcohol content or extra strength, except as otherwise required by law or regulation.
   c. Excessive drinking or persons who appear to have lost control or to be inappropriately uninhibited.
   d. Any suggestion that excessive drinking or loss of control is amusing or a proper subject for amusement.
   e. Any persons engaged in activities not normally associated with the moderate use of wine or wine coolers and a responsible life style. Association of wine use in conjunction with feats of daring or activities requiring unusual skill is specifically prohibited.
   f. Wine or wine coolers in quantities inappropriate to the situation or inappropriate for moderate and responsible use.
   g. The image of wine and wine coolers in advertising and promotion shall be adult-oriented and socially responsible. Comparative or competitor-derogatory advertising is inappropriate.
2. **Advertising of wine has traditionally depicted wholesome persons enjoying their lives and illustrating the role of wine in a mature life style. Any attempt to suggest that wine directly contributes to success or achievement is unacceptable. Therefore, the following restrictions shall apply to subscribers of this code:**
   a. Wine and wine coolers shall not be presented as being essential to personal performance, social attainment, achievement, success or wealth.
   b. The use of wine and wine coolers shall not be directly associated with social, physical or personal problem solving.
   c. Wine and wine coolers shall not be presented as vital to social acceptability and popularity.
   d. It shall not be suggested that wine or wine coolers are crucial for successful entertaining.
3. **Any advertisement which has particular appeal to persons below the legal drinking age is unacceptable. Therefore, wine and wine cooler advertising by code subscribers shall not:**
   a. Show models and personalities in advertisement who are under the legal drinking age. Models should appear to be 25 years of age or older.
   b. Use music, language, gestures or cartoon characters specifically associated with or directed toward those below the legal drinking age.
   c. Appear in children or juvenile magazines, newspapers, television programs, radio programs or other media specifically oriented to persons below the legal drinking age.
   d. Be presented as being related to the attainment of adulthood or associated with "rites of passage" to adulthood.

e. Suggest that wine or a wine cooler product resembles or is similar to another type of beverage or product (milk, soda, candy) having particular appeal to persons below the legal drinking age.

f. Use of current or traditional heroes of the young such as those engaged in pastimes and occupations having a particular appeal to persons below the legal drinking age.

g. Use amateur or professional sports celebrities, past or present.

4. **Code subscribers shall not show motor vehicles in such a way as to suggest that they are to be operated in conjunction with wine or wine cooler use.**

   Advertising should in no way suggest that wine or wine coolers be used in connection with driving motorized vehicles such as automobiles, motorcycles, boats, snowmobiles, or airplanes.

5. **Wine and wine cooler advertising shall not appear in or directly adjacent to television or radio programs or print media which dramatize or glamorize over-consumption or inappropriate use of alcoholic beverages.**

6. **Wine and wine cooler advertising by code subscribers shall make no reference to wine's medicinal or caloric values.**

7. **Wine and wine cooler advertising by code subscribers shall not degrade the image or status of any ethnic, minority or other group.**

8. **Wine and wine cooler advertising by code subscribers shall not be directed to underage drinkers or pregnant women. Wine and wine cooler advertising will not portray excessive drinking.**

9. **Wine and wine cooler advertising by code subscribers shall not exploit the human form, feature provocative or enticing poses, not be demeaning to any individual.**

10. **A distinguishing and unique feature of wine is that it is traditionally served with meals or immediately before or following a meal.**

    Therefore, when subscribers to this code use wine advertising which visually depicts a scene or setting where wine is to be served, such advertising shall include foods and show that they are available and are being used or are intended to be used.

This guideline shall not apply to the depiction of a bottle of wine, vineyard, label, professional tasting, etc., where emphasis is on the product.

All advertising — including, but not limited to direct mail, point-of-sale, outdoor, displays, radio, television and print media — should adhere to both the letter and the spirit of the above code.

WINE INSTITUTE
The Industry Association of
California Wine Growers
165 Post Street
San Francisco, California 94108

The Century Councils's Code of Responsible Marketing and Advertising Practices

I. Introduction

a. The Century Council ("the Council") is an independent corporation created at the initiative of leading producers of licensed beverages. It is a founding principle of the Council that every brewer, vintner, and distiller, and every other entity that distributes or promotes licensed beverage products[1] in pursuing its legitimate interest in marketing[2] and advertising[3] its products to adults of legal

drinking age, has an obligation to ensure that it never suggests or condones irresponsible consumption of its products through such practices.

b. This Code provides principles to assist its subscribers in assessing marketing and advertising practices in which they may individually engage after the effective date of the Code.

c. Each subscriber to this Code pledges to make good faith efforts to ensure that all of its marketing and advertising activities are responsible and to adopt a Code Commitment and Subscriber Self-Evaluation Program in accordance with Section IV of this Code.

d. This Code is intended to supplement existing voluntary codes that may apply to various segments of the licensed beverage industry. Insofar as the provisions of this Code are more restrictive than those codes, every subscriber is expected to comply with the provisions of this Code.

e. The Council has developed a Code Service Mark for the exclusive use of subscribers to this Code. The Council confers upon each subscriber the privilege of displaying the Code Service Mark in accordance with guidelines to be issued by the Council.

f. The Council invites and encourages every producer, wholesaler, distributor, and retailer in the licensed beverage industry to subscribe to this Code.

II. Marketing and Advertising Standards

a. General Standards

1. No product should be shown as being consumed in quantities inappropriate to the situation depicted or in an irresponsible or illegal manner; nor should any advertising or marketing practice encourage irresponsible consumption, or consumption by persons who for medical reasons should not consume the product.

2. No product should be portrayed as being consumed by a person who is engaged in, or is immediately about to engage in, any activity that requires a high degree of alertness or physical coordination, such as operating a motor vehicle, boat, snowmobile, motorcycle, airplane, or other potentially dangerous equipment.*

3. Consumer of a product should not be portrayed as engaging in excessive consumption, being intoxicated, or having lost control of their faculties. There should be no suggestion that excessive consumption, intoxication, or loss of control is amusing or a proper subject for amusement or in any way acceptable conduct.

4. **Product marketing and advertising should not:**

- exploit the human form in a manner that offends national standards of decency in advertising and marketing;
- claim or represent that persons cannot achieve social, financial, or professional success or sexual or physical prowess without consuming the product;
- claim or represent that persons cannot solve social, physical, or personal problems without consuming the product;
- refer to alcohol content, except in a straightforward, factual manner;
- refer in a favorable manner to any intoxicating effect that the product's alcohol content may produce; or
- claim any alleged medicinal value of the product.

5. These general standards are not intended to prohibit tasteful marketing or advertising merely because it suggests responsible consumption in an enjoyable setting or by adults who appear to be attractive or successful. **For example, such advertising does not**

violate the principles of this Code merely because it portrays:

- spectators at a sports event or other event;
- participants at the conclusion of a sports event or other event;
- persons in a business, social, or romantic setting;
- persons who appear to be attractive or affluent; or
- persons who appear to be relaxing or having fun.

b. Advertising Placements

Each subscriber should require, as a condition of its contract with any advertising agency or media outlet, that product advertising not be placed:

- in or directly adjacent to any television or radio program, or in any print medium, that glamorizes or condones over-consumption or otherwise irresponsible consumption of alcoholic beverages;
- in any outdoor location within five hundred (500) feet of a place of worship or an elementary or secondary school.

c. Underage Persons

1. Products should not be actively promoted[5] at any event where most of the audience is likely to be below the legal drinking age.[6]

2. Products should not be marketed at any event on a college campus or any college-sponsored event or advertised in campus media except (i) in conformity with policies promulgated by appropriate college officials, or (ii) in the absence of such formal policies, with the prior approval of appropriate college officials, provided that all other provisions of this Code are satisfied.

3. Products should not be marketed or advertised through the use of models or personalities who are below 25 years of age or who are made to appear, through clothing or otherwise, to be below 21 years of age.

4. Products should not be marketed or advertised using any symbol, language, gesture, cartoon, or animated character that is intended to appeal primarily to persons below the legal drinking age.[7]

5. Products should not be marketed or advertised through the use of any entertainment figure intended to appeal primarily to persons below the legal drinking age.[8]

6. Products should not be marketed or advertised through any medium[9] where the intent of the subscriber is to appeal primarily to persons below the legal drinking age.[10]

7. No product name, logo, trademark, or service mark should be used on, or licensed for use on, clothing, toys, game equipment, or other materials that are intended primarily for use by persons below the legal drinking age.[11]

d. Sports

1. Products should not be advertised through the use of endorsements by any currently active professional or amateur sports figure.[12]

2. Use of any sports figure in product marketing or advertising should not be designed or intended to create an impression that consumption of the product helps to develop athletic skill or attainment of physical prowess.

III. Code Commitment and Subscriber Self-Evaluation Program

a. As a condition to the right to use and display the Code Service mark, each subscriber will undertake a Code Commitment and Subscriber Self-Evaluation Program.

b. **A subscriber's company-wide Code Commitment Program will include the following:**

1. Providing a copy of the Code to every employee whose responsibilities include marketing and advertising of any product as herein defined, and requiring that each such employee certify annually in writing that (s)he has read and understood the Code;

2. Designating one or more individuals to take primary responsibility for internal review of the company's current or proposed advertising or marketing programs to ensure consistency with the provisions of the Code;

3. Incorporating the marketing and advertising standards in Part II of the Code by reference in any arrangement entered into with those who supply advertising or marketing services for any product, including advertising agencies and media outlets; and

4. In the case of producers and importers, instituting a program to provide the copies of the Code to distributors, and encouraging them to communicate the provisions of the Code to retailers and others through whom the product may be marketed, advertised, or sold.

c. **Each subscriber will undertake, on at least an annual basis, a Self-Evaluation Program that includes the following:**

1. Written certification to the Century Council that the requirements of the Code Commitment Program as outlined above have been satisfactorily completed; and

2. A statement of the subscriber's plans to ensure continued awareness of and compliance with the Code.

d. In any case where a subscriber consistently fails to satisfy the requirements of this Section III, the Council may deny the subscriber the right to use the Code Service Mark or disassociate the subscriber from membership in the Council.

IV. Effective Date

The provisions of this Code shall apply to any marketing or advertising activity undertaken by a Code subscriber on or after October 1, 1991; provided that the provisions of section II,c,3 shall not apply to advertising or promotional materials produced before that date.

V. Conclusion

The subscribers to this Code commit themselves to encouraging greater responsibility on the part of everyone who uses licensed beverage products in the United States and to encouraging every company in the licensed beverage industry to ensure that its own marketing and advertising practices are at all times responsible. Through such actions, the products of brewers, vintners, and distillers that have had an accepted and enduring role in virtually every nation and culture should continue to be an established and accepted option in the lifestyle of the majority of adult Americans.

Footnotes

1. The term "**product**" and its variants refers to those beverages with an alcohol content of not less than one-half of one percent (0.5%) by volume.

2. The term "**marketing**" and its variants includes all forms of promotional practices for licensed beverage products other than "**advertising**" **as defined below**.

3. **The term** "**advertising**" and its variants means any paid television, audio, print, display, outdoor, direct mail, and point-of-purchase advertising for a licensed beverage product, except where the context indicates otherwise. The provisions of this Code are not intended to restrict public service advertising, editorial advertising or other forms of advocacy in connection with issues of public importance.

4. This is not intended to proscribe portrayals of persons consuming the product in a setting where others may be

be operating such equipment, or portrayals of such equipment, provided that no one is depicted consuming the product while engaged in operating the equipment or immediately prior to doing so.

5. "**Actively promoted**" means sponsorship of the event, the distribution of product or brand promotion materials at the event, the presence of live mascots at the event, or other similar activities underwritten by the subscriber and intended to associate the event with the product.

6. In satisfying this provision, the subscriber is expected to make a reasonable advance judgment of the likely composition of the audience based on such factors as the known composition of the audience at like events or, in the case of an entertainment event, the known demographic appeal of the entertainer(s). This provision does not apply to (a) professional sporting events, or (b) signage and advertising purchased by subscribers for display at stadiums, venues, arenas, and other such facilities for a period of time, rather than for a single event at which most of the audience is likely to be below the legal drinking age.

7. Throughout this subsection c., the phrase "**appeals primarily to persons below the legal drinking age**" means something that has a special appeal to such persons above and beyond the attractiveness it might have generally for persons of legal drinking age, including young adults of legal drinking age.

   Factors to be considered in determining compliance with this paragraph include: (i) demographic or survey data demonstrating the primary appeal of the matter in question to underage persons, and (ii) evidence of the substantial use of the symbol, language, gesture, cartoon, or animated character in media intended for those below the legal drinking age.

8. Factors to be considered in determining compliance include data on television viewing, box office, record sales, radio airplay, or other commonly accepted indicators of the demographic appeal of an entertainer; and whether such entertainer is frequently a subject of coverage in teen-oriented media.

9. "**Medium**" denotes any means of electronic or print communication that may be used for marketing or advertising of a product.

10. Factors to be considered in determining compliance include demographic data on the circulation or audience of the medium in question.

11. Factors to be considered in determining compliance include: in the case of clothing, the sizes of clothing produced; in the case of toys and game equipment, whether the item appeals primarily to persons below the legal drinking age; and in all cases, the manner and means by which the item in question is distributed or marketed, including the choice of promotional media.

12. "**Sports**" is defined to include all forms of athletic activity, competitive or otherwise. In order for this proscription to apply, the person in question should have a reasonable degree of recognition among a substantial portion of the general public and a reasonable degree of association in the public mind with sports activity. This proscription does not apply to public appearances by sports figures at charitable functions where there is no express endorsement of the product.

THE CENTURY COUNCIL
1999 Avenue of the Stars
Suite 2050
Los Angeles, California 90067
213-557-9898

APPENDIX H

Style Sheet on Alcohol and Other Drug Terminology

When communicating about alcohol and other drugs, it is crucial for the terminology of professionals in the field to be both clear and consistent. The Office for Substance Abuse Prevention (OSAP) has developed the following list of terms to assist communicators of verbal and written information and program planners who are responsible for evaluating materials. **Please use the terms below for all published materials.**

DO NOT USE	USE
Drunk driving	Alcohol-impaired driving (because a person does not have to be drunk to be impaired)
Liquor (to mean any alcoholic beverage)	Beer, wine, and/or distilled spirits, alcoholic beverage
Substance abuse	Alcohol and other drug abuse
Substance use	Alcohol and other drug use
Abuse (when the sentence refers to youth, teens, or children - anyone under 21)	Use (DHHS aim is to prevent use - not abuse - of alcohol and other drugs by youth)
Drug abuse prevention or alcohol abuse prevention	Except when referring to adults, use the phrase, "to prevent alcohol and other drug problems"
Hard or soft drugs	Drugs (because all illicit drugs are harmful)
Recreational use of drugs	Use (because no drug use is recreational)
Responsible use	Use (since there is risk associated with all use)
Accidents when referring to alcohol/drug use and traffic crashes	Crashes (because "accident" suggests the event could not have been avoided)
Mood-altering drugs	Mind-altering (because the term "mood altering" does not reflect the powerful effects alcohol and other drugs can have on one's mind and judgment)

OSAP Prevention Monograph - 5, **Communicating About Alcohol and Other Drugs: Strategies for Reaching Populations at Risk**, U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and M.H. Administration, 1990.

APPENDIX I

Survey Instruments

In December, 1989, the Pennsylvania Association of Colleges and Universities conducted a confidential survey of its 115 member institutions and affiliates. Respondents were asked to:

- Define in a brief paragraph your understanding of the drug, alcohol and substance use and abuse problem on Pennsylvania college and university campuses and on your campus.
- List your better programs for affecting this problem. What works best for you? What should we be doing to address this problem?

The purpose of the descriptive study was to gather the view of Pennsylvania college presidents with respect to alcohol and drug use and abuse on our Commonwealth's campuses. Sixty-four presidents responded to the survey.

Alcohol use and abuse, which began prior to students college attendance, was viewed as the focal issue on campuses. Educational programs, enforced policy, and counseling were noted as the most effective interventions.

A paper was prepared by Davis C. Tracy, Ph.D., Dickinson College, which presented a summary of the presidential views, a brief discussion of the advantages and limitations of the study, and suggestions for future research.

73

APPENDIX J

References

1. **A Conceptual Framework for Developing a Comprehensive Campus Program to Reduce Alcohol, Other Drug and Substance Problems**

   By Ross J. Rapaport, Professor of Counseling and Coordinator of the Alcohol and Drug Intervention and Prevention Program, Central Michigan University, and William A. Bryan, Professor of Educational Design and Management and Vice Chancellor for Student Affairs, University of North Carolina at Wilmington, September 1990.

2. **Alcohol Practices, Policies, and Potentials of American Colleges and Universities**

   By Lewis D. Eigen, a White Paper for the Office of Substance Abuse Prevention, 1991. The author was a former associate professor of educational psychology at Temple University, and director of the National Clearing-House for Drug and Alcohol Information. He currently serves as the chief executive officer of CSR, Inc., with which OSAP contracted for the paper.

3. **Guidelines for Beverage Alcohol Marketing on College and University Campuses**

   By the Inter-Association Task Force on Campus Alcohol Policy Issues.

4. **Knowledge, Attitudes And Practices Paper On The Use Of Alcohol And Other Drugs By College Students**

   By David S. Anderson, Arlington, Virginia, December 1988. Prepared under U.S. Department of Education Order Number 433J47800800.

5. **Select Committee To Investigate Alcohol Abuse In Pennsylvania Institutions Of Higher Education, Final Report, May 1988**

   Select Committee of the Pennsylvania House of Representatives. Representative Nicholas Colafella, Chairman; Representative Harold F. Mowery, Jr., Vice Chairman; Representative Chaka Fattah; Representative Stanley Jarolin; Representative Edward A. Wiggins; Representative Frank LaGrotta; Representative Merle H. Phillips; Representative Jerry Birmelin; Representative George Saurman, members.

6. **Style Sheet on Alcohol And Other Drug Terminology**

   Office of Substance Abuse Prevention Monograph 5, ***Communicating About Alcohol And Other Drugs: Strategies For Reaching Populations At Risk,*** **U.S. Department of Health and Human Services Alcohol, Drug Abuse, and Mental Health Administration, 1990.**

7. **Survey for the Presidential Task Force On Substance Use Issues On Pennsylvania College And University Campuses**

   Conducted by the Pennsylvania Association of Colleges and Universities, Davis C. Tracy, Ph.D., Researcher, January 1990.

8. **TOWARD A DRUG-FREE GENERATION: A Nation's Responsibility**

   Final Report of the National Commission on Drug-Free Schools, the Honorable Lauro F. Cavazos and the Honorable William J. Bennett, co-chairmen, September 1990.

APPENDIX K

Information Sources

Federal Agencies

ACTION
Drug Prevention Program
806 Connecticut Avenue, N.W., #M 513
Washington, D.C. 20525
(202) 634-9380

The Challenge
Department of Education
Office of Alcohol and Drug Education
Washington, D.C. 20202-3726
(202) 732-4161

Office for Substance Abuse Prevention
25600 Fishers Lane, Room 9A-54
Rockville, MD 20857
(301) 443-0365

Office of the Assistant Secretary of Defense - Health Affairs
Pentagon, Room 3D-360
Washington, DC 20301-1200
(202) 695-4964

Food and Drug Administration
Legislative, Professional, and Consumer Affairs Branch (HFD-365)
5600 Fishers Lane
Rockville, MD 20857
(301) 295-8012

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane, Room 14C-17
Rockville, MD 20857
(301) 443-2954

National Institute on Drug Abuse
5600 Fishers Lane, Room 10-04
Rockville, MD 20857
(301) 443-4577

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 245-6296

U.S. Department of Justice
Drug Enforcement Administration
Office of Public Affairs
Prevention Program Coordinator
1405 I Street, N.W., Room 1209
Washington, D.C. 20537
(202) 633-1469 or 633-1230

Alcohol, Drug Abuse, and Mental Health Adm.
5600 Fishers Lane, Room 12-1209
Rockville, MD 20857
(301) 443-4797

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 7th Street, S.W.
Washington, D.C. 20590
(202) 426-9550

Drug Policy Office
The White House
Washington, D.C. 20500
(202) 456-6554

U.S. Congress
House Select Committee on Narcotics Abuse and Control
H2-234 House Annex 2
Washington, D.C. 20515
(202) 226-3040

U.S. Senate
Subcommittee on Children
Committee on Labor and Human Resources
Washington, D.C. 20510
(202) 224-5630

National Resources

Alcohol and Drug Problems Association of North America
444 North Capitol Street, N.W., Suite 706
Washington, D.C. 20001
(202) 737-4340

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, N.W., Suite 520
Washington, D.C. 20001
(202) 783-6868

National Council on Alcoholism
12 West 21st Street, 7th Floor
New York, NY 10010
(212) 206-6770

National Safety Council
444 North Michigan
Chicago, IL 60611
(312) 527-4800

Parent and Community Organizations

The Chemical People
4802 Fifth Avenue
Pittsburgh, PA 15213
(412) 622-1491

National Federation of Parents for Drug-Free Youth
Communication Center
1423 N. Jefferson Street
Springfield, MO 65802
(417) 836-3709

The National PTA
700 North Rush Street
Chicago, IL 60611
(312) 787-0977

Parent Resource Institute for Drug Education (PRIDE)
100 Edgewood Avenue, Suite 1002
Atlanta, GA 30303
(404) 651-2548

Toughlove
P.O. Box 1069
Doylestown, PA 18901
(215) 348-7090

Other Organizations

Association of Labor, Management Administrators, and Consultants on Alcoholism (ALMACA)
1800 North Kent Street, Suite 907
Arlington, VA 22209
(703) 522-6272

American Council for Drug Education
204 Monroe Street, Suite 110
Rockville, MD 20850
(301) 294-0600

Center for Education in Maternal and Child Health
38th and R Streets, N.W.
Washington, D.C. 20057
(202) 625-8400

Scott Newman Center (Preventing Drug Abuse Through Education)
6255 Sunset Boulevard, Suite 1906
Los Angeles, CA 90028
(213) 469-2029

Clearinghouses

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20850
(301) 251-5500

National Clearinghouse for Primary Care Information
8201 Greensboro Drive, Suite 600
McLean, VA 22102
(703) 821-8955

Keystone University Research Corporation
652 West Seventeenth Street
Columbus Square
Erie, PA 16502
1-800-582-7746
(814) 453-4713

Toll-free Information and Referral Services

National Institute on Drug Abuse
1-800-662-HELP

Parent Resource Institute for Drug Education (PRIDE)
1-800-241-7946

Cocaine Helpline
1-800-COCAINE

U.S. Department of Education
Schools Without Drugs
1-800-624-0100

The Just Say No Foundation
1-800-258-2766
(In California: 415-939-6666)

College and University Alcohol and Other Drug Problems

Pennsylvania State University: Total Alcohol Awareness Program
(814) 863-0137
Drug Education Program For Total Health
(814) 863-0137

Rutgers University: Alcohol Education and Training Program
(908) 932-7710

Indiana University of Pennsylvania, Project REACH (Realistic Education for Attaining Chemical Health)
(412) 357-2550

Federal Funding Sources

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
451 Seventh Street, S.W.
Washington, D.C. 20410

U.S. Department of Health and Human Services
Office of Substance Abuse Prevention
Division of Demonstration and Evaluation Programs
Security Lane, Rockwall II
Rockville, MD 20857
(301) 443-4564

U.S. Department of Health and Human Services
Alcohol, Drug Abuse, and Mental Health Administration
Grant Management Office
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4147

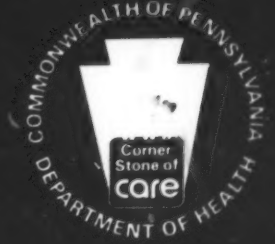
U.S. Department of Health and Human Services
National Institute on Drug Abuse
Grant Management Office
Parklawn Building, Room 8A-54
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6710

Other Funding Sources

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, N.W.
Washington, D.C. 20001
(202) 783-6868

Ford Foundation Urban Poverty Programs
320 East 43rd Street
New York, NY 10017
(212) 573-4634

Robert Wood Johnson Foundation
5530 Wisconsin Avenue
Chevy Chase, MD 20815
(301) 986-9720



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